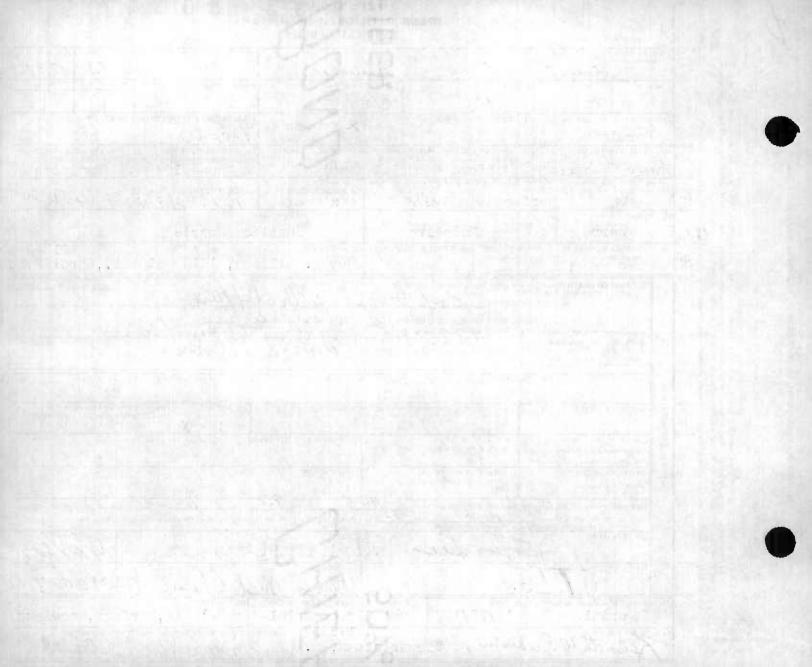
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5_	3.			112			
5_		F	4 RACE	5. DATE (OF BIRTH YEAR	M	FUNDER I YEAR IF UNDER
5_	70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHA	T COUNTRY? 8	D № NEVER MARRIED □	9 BALTIMORE CITY OR COUNTY	OF DEATH
J. Fred	10	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FAC	PITAL, NURSING HOME (OR OTHER INSTITUTION	MARFORD 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	
and the pe) U	SUAL RESIDENCE (IF NURSING HOME OF STATE 136 COL	JNTY 13c.	RESIDENCE BEFORE ADMISSION)	Hospital 13d. INSIDE CITYLIMITS?	Housewife 13e.STREET ADDRESS / ZIP CODE	SL 210
Cominer of	0 14	FATHER'S NAME HATTY	MIDDLE MC	Intire	YES NO 15. MOTHER'S MAIDEN NA	MIDDLE	LAST
medicole	16	WAS DECEASED EVER IN U.S. A		SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS son, 1616 Main S	210 St.,Gardif
ne prior to be ws ony injury	2 Control			N FOR WHICH OPERATIO		IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEAT
Mento! Hygiene or frem 18 shows	25	00.00.00.00.00.00.00	EATH HOUR A.M.	JURY MONTH DAY YEAR	21c. HOW INJURY OCCUR	YES NO YES YES	
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of Heolin		220 I certify that (I) (this has saw the deceased olive c above (I) (we) (did) (did)	11-21	19 £3.0		to	
Storte Des		774 PHYSICIAN'S NAME	C L	tu 1	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	226. DATE SIGNED
	1	N.7.	ee		Mardon Mi	led Clarice A	toure de
MPORTANI	22	I. BURIAL, CREMATION, REMOVA	L 23b. DATE	1234 NAME OF	EMETERY OR CREMATORY	23d. LOCATION	

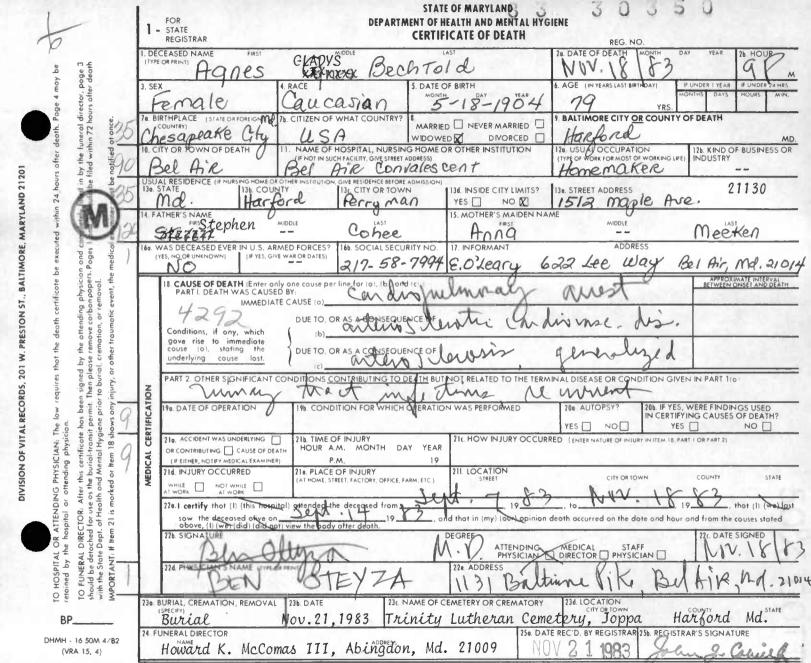


	1.	FOR STATE REGISTRAR			DEPAR	TMENT OF H	EALTH AND I	MENTAL HYG	IENE	REG. NO.		
y be		CEASED NAME OR PRINT) £/i2a	FIRST beth	F	MIDDLE	A	ndersor		20. DATE OF D	EATH MONTH	9 - 83	26. HOUR 1:10 PM
996 4 30	3. SE	FEMALE			ะคร [ั] เคม	5. DATE C		YEAR 86	6. AGE (IN YEAR	77 YRS.	MONTHS DAYS	HOURS MIN.
funerol di hin 72 ho	7	RTHPLACE (STATE OR FO		1. 6 1		MARRIE		VORCED	Harford County		sty	MD.
by the	3	OF TOWN OF DEAT		BELL HE N	HEACILITY, GIVE STRI	ET ADDRESS)	,		120. USUAL OC (TYPE OF WORK FO	R MOST OF WORKING	LIFE) INDUSTRY	OF BUSINESS OR
filled in hould be	130.	naryland	36. COUNT	TY Co,	13c. CITY OR TO	NW	136 INSIDE C	NO 🗌		DRESS th REEd "	StrEET	71014
ompletely ond 2 s	14. F/	ROBERT ROBERT		NPSOH	Fry	1	E	S MAIDEN NAM	B.	AIDDLE	Boyd	51
s. Poges		VAS DECEASED EVER II YES NO OR UNKNOWN)		WAR OR DATES)	250-44-			WES C'	1838-328 Fulton	1372 0	maryland	ANOLY (MATE INTERVAL ONSET AND DEATH
n signed by the ottendin Then please remove corb or to burial, cremation, or rinjury, or other troumotic	ION	Conditions, if ony, gove rise to immucouse (a), storing underlying couse PART 2 OTHER SIGNI	ediote the lost.	DUE TO, O (c) ONDITIONS CO	ONTRIBUTING T	OUENCE OF	NOT RELATED	TO THE TERM				
te hos beer ssit permit.	CERTIFICATION	19a DATE OF OPERATI			ITION FOR WHI	CH OPERATIO				IN CERT	ES, WERE FINDII IFYING CAUSES YES :	NGS USED 5 OF DEATH? NO
nis certificate burial-transit Mental Hygie	MEDICAL CE	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEAT			DAY YEAR		3	RED (ENTER NATUR	E OF INJURY IN ITEM IE	PART I OR PART 2)	
After this e os the bu olth and M morked ou	WED	216 INJURY OCCURRE	E 🗆	(AT HOME, STE	OF INJURY REET, FACTORY, OFFIC		211 LOCATIO	ON		ITY OR TOWN	COUNTY	STATE
ined by the hospitol FUNERAL DIRECTOR: uld be detoched for us note Stote Dept. of He. ORTANT: If Hem 21 is:		220. I certify that (I) (sow the deceased obove, (I) (we) (di 22b. SIGNATURE 22d. PHYSICIAN'S NAI PHILIP U	d blive on did (did ot)	view the body	7 19	83.0	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR		22c. DATE NOV	
€ C € ₹ ₹	230. 1	SURIAL, CREMATION, R	EMOVAL	23b. DATE			Presente		23d LOCATH	ON TOWN E. York Coue	H PENNSY	STATE
HMH - 16 50M 4/82 (VRA 15, 4)	24_F	NERAL DIRECTOR WILL	m Tos	HEL M	Brondwa ADDRESS	115W BP	imms Str	25a DAT	5 1983	ISTRAP 266 REGI	STRAP'S SIZNAT	URE

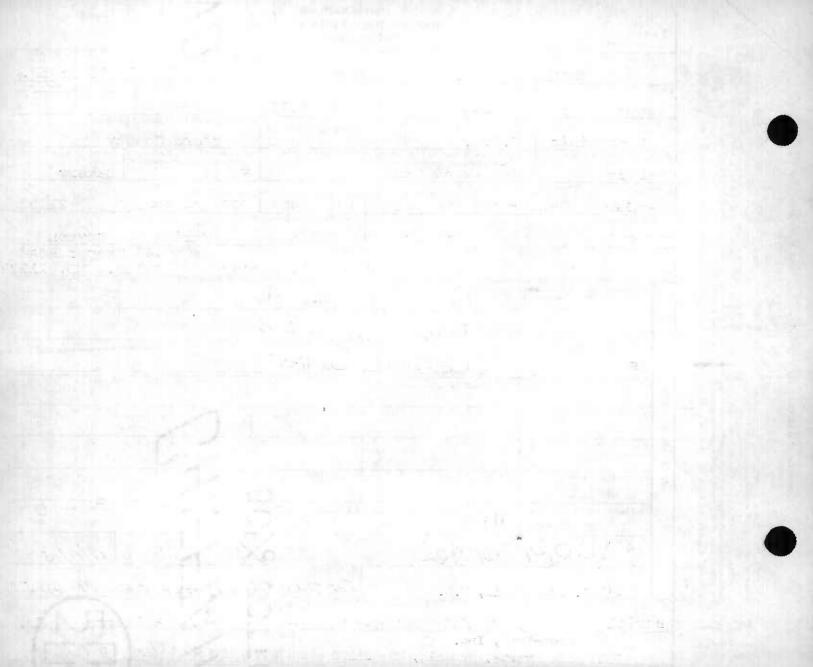
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/			FOR	DEP		E OF MARYLAND	HYGIENE 3 0 3	4 9	
V	21_	1-	STATE REGISTRAR			R'S CERTIFICATE		10	
10		1. DE	CEASED NAME FIRST		DDLE	LAST	20. DATE KNOWN		AR 2b. HOUR
	Main St	(TYP	caro Caro	1		Ashmen	OF ESTI- DEATH MATED X	x 11 26 19 8	3
	1820	3. SE)	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEAR	IF UNDER 1 YR. IF UND	DER 24 HRS. 2c. DATE	MONTH DAY Y	EAR 2d HOUR
	K CRAES		emales white	June 281	946 37 YRS	MONTHS DAYS HOURS	MIN. PRONOUNCED DEAD		83 ^{B:35P}
150	MI V		RTHPLACE (STATE OR REIGNEOUTRY)	76. CITIZEN OF WHAT	COUNTRY?	MARRIED KNEVER MA	RRIED 9. BALTIMORE CITY	OR COUNTY OF DEATI	Н
	AN 12	10.6	FENNA	USA			RCED Harford		MD.
	O (Se Filled	10. C	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY	, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE)	OR IND	USTRY
	SOUD BE	USUA	Baldwin	2759 Green			Seale	had !	ישכי שף
21201	44000	13a. S		TY () 1 13	BALLWIS	13d INSIDE CITY LIMITS		V LANE	1013
A G	PEATH. IF. A P.M. 3. A P.M	14. F/	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MA	MIDDLE	LAST	
ORE,	00< 70		Kichard	H.	CUNNIN	g JeA		SWAY	-tz_
BALTIMORE	KECUTED WITHIN 24 HOURS AFTER DE MG" IN PENCIL IN ITEM 1B, GINE PAGE: AL EXAMINER ALONG WITH FORM BURIAL - TRANSIT PERMIT, PAGES LA AND MENTAL HYGIENE, DIVISION OF ATION, OR REMOVAL.		VAS DECEASED EVER IN U.S. AR/ es. no. or unknown) (IF yes, give	WAR OR DATES)	LOY349	272 Reger	Sherman 275	Green LA.	and,
ST.,	JB. C. WIT. P. WIT. P. DIV		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	D. D.V.				APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
N N	24 HOUR ITEM 1B. ONG W PERMIT. SIENE, D			E CAUSE (o) ACU		monoxide into	oxication		
PRESTON	WITHIN 2 NCIL IN INER AL RANSIT ITAL HYC		Conditions, if ony, which	DUE TO, OR AS	a Consequence o				
× ×	WITH ANNE TRANE		gave rise to immediate cause (a) stating the under-	(b)	A CONSEQUENCE O				
201 \	N AEL		lying couse lost.	(-)	A CONSEQUENCE O				
	o BE EXECUTED SENDING: IN FAME SENDING:		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVEN IN	PART 1 (a).		,
RECORDS	CHIEF MEDIC CHIEF MEDIC CHIEF MEDIC E USED AS A E OF HEALTH	ON							
		CAT	190. DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERA	TION WAS PERFORMED?		2D AUTO	PSY?
VITAL	000000000000000000000000000000000000000	CERTIFICATION						YES [C KON
0	SAE SAE		210 EXTERNAL CAUSE WAS		ONTH DAY YEAR		RED CENTER NATURE OF INJURY IN ITEM I		
O.	CERTIFICATE S TING THE WO DED TO THE O SPANOULD BE PRIOR TO BE	MEDICAL	CONTRIBUTING CAUSE OF I		11 26 ₁₉ 83	Innated ex	xhaust fumes fro	m auto	
DIVISION OF	THIS CERTIFICATE E. WRITING THE W EWARDED TO THE PAGE 3 SHOULD E STATE PEPARTMEN TO PRIOR TO E TO THE	MET	WHILE ON NOT WHILE OF AT WORK	STREET EACTORY	FARM, ETC.)	2759 Green	Lane Baldwin	Harford	Md.
			22a. I certify that I took sharp	e of the remains describe	ed above, held an A	Autopsy , Inspec	tion X, Inquiry . o	ind in my opinion	
	EXAMINER CERTIFICAT OULD BE FOR DIRECTOR I, WITH THE]	death resulted from	byggin [] Ad	depty . die	de X. Homicide	Undetermined manner		
	EXAMI CERTIFIC DIRECT DIRECT WITH I		(V	() U	14 1	TITLE (SPECIFY)			14-1
	KHE HE WELL		SIGNATURE	for very	Money	Deputy C	hiefmedical examiner	SIGNED 11/2	29/83
	TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNEAL DIREC AFTER DEATH, WITH BAUTIMORE, MARYL		EXAMINER'S NAME (TYPE OR PRINT)	Thomas D. S	mith, M.D.	ADDRESS1	ll Penn St. Balt	o.,Md.	
	EXECUPAGE TO FULL FOR PAGE AFTER BATTER	23a B	URIAL, CREMATION, REMOVAL 2	3b. DATE	23c. NAME OF CEM	TERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	BP			Dec. 3, 1983	Buxery	who Cem,	Quarryville	Laurasti	ta.
	DHMH - 17	24 F	UNERAL DIRECTOR	ADDRESS	CONT. TICA	37 250. DA	TE REC'D. BY REGISTRAR OF REC	ISTRAK SIGNATURE	A
	(VR A15 ME (5)) 20M 4/82		reed nevo	0)45 (WARRY	elle TA	<u> </u>	, adv	

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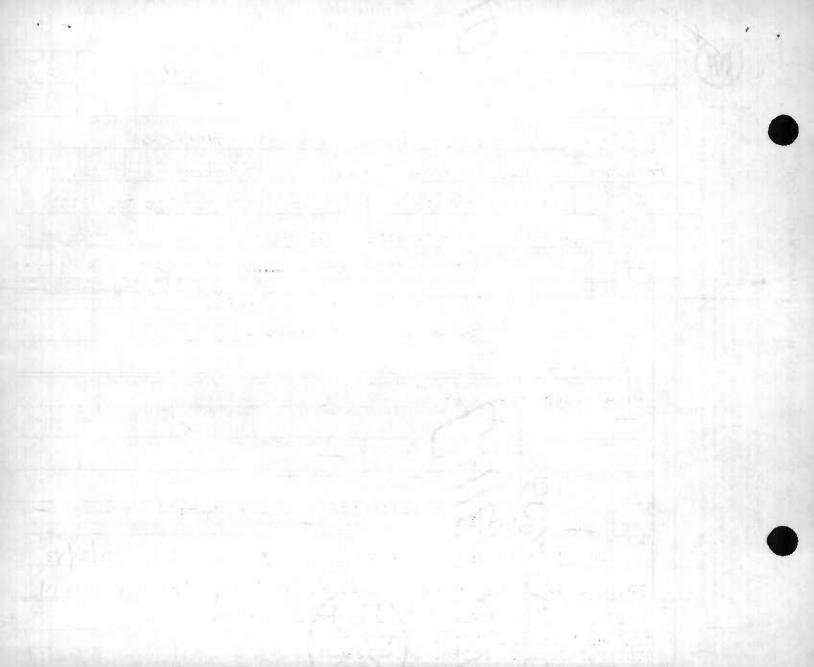


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(VRA 15. 4)

STATE OF MARYLAND



2/	FOR STATE REGISTRAR				ND MENTAL HYGIEN		3 0	
(M)	1. DECEASED NAMI	E FIRST HAROLD	MIDDLE	LAST	minens	20. DATE KNOWN OF ESTI-	MONTH DAY	YEAR 26. HOUR 9 13 10 %
ARY, PER L DIRECT YOU'R FILL TON STRE	3. SEX	4. RACE S. DATE (16-18	GS YRS. MONTHS	TAYS HOURS MIN.	It. DATE PRONOUNCED DEAD	MONTH DAY	YEAR 20 HOUR
NECESS FOR WITHIN PRES		homa	EN OF WHAT COUNTRY	WIDOWED	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF	FORD	MD.
PACK PACK BE FILED		a to con I I I NOT	E OF HOSPITAL, NURSING INSUCHFACILITY, GIVE STREET	nhle Nd	FOR	UAL OCCUPATION (TY) MOST OF WORKING LIFE)	DOR!	O OF BUSINESS INDUSTRY
F ANY CAND SHOULD RECORD	130. STATE HA		COA) 13c. CITY OR	TOWN 13d	ES DY NO DI		578 Trimb	21085 le Road
DEATH OPER MD	Earl	O. MIDDLE	Cle	mens		Sara Jane F		
JRS AFTER S GIVE PA WITH FOR I PAGES I PAGES I	NO NO	D EVER IN U.S. ARMED FORCO DWN) (IF YES, GIVE WAR OR DATE OF DEATH (Enter only one cause	159-	14-9314	Penarao	Sara Cremer	shington,	Pa.
DIVISION OF VITAL RECORDS, 201 W. PRESTON S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 FRITING THE WORD "PENDING" IN FENCIL IN ITER RDED TO THE CHIEF MEDICAL EXAMINES ALON REAS SHOULD BE USED AS A BURIAL PANGIFFER E DEPARTMENT OF HEALTH AND MENTAL HOSIER OI PRIOR TO BURIAL, CREMATION, OR REMOVAL	gave ris cause (a) lying cau PART 2 OTNER SI	ns, if any, which se to immediate) stating the <u>under</u> -	(c)	QUENCE OF	CONDITION GIVEN IN PART 1.101.			
SHOULD BE ENONE CHIEF MEDICAL CREMINAL C	TIFIC		b. CONDITION FOR WH	ICH OPERATION WAS P	PERFORMED?			TOPSY?
DIVISION OF VITAL R. IS CERTIFICATE SHOULD RRITING THE WORD "PR RADED TO THE CHIEF A GE 3 SHOULD BE USED. ITE DEPARTAMENT OF HE ZOI PRIOR TO BURBIAL,	■ UNDERLYING	G OR H NG CAUSE OF DEATH	b TIME OF INJURY IOUR A.M. MONTH DA P.M. e PLACE OF INJURY (A	AY YEAR 19 ATHOME, 21f LOCATI		NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
MEDICAL EXAMINER: THIS CUTE THE CERTIFICATE, W SE 4 SHOULD BE FORWAL FUNERAL DIRECTOR: PAC FER DEATH, WITH THE STAT	AT WORK	NOT WHILE AT WORK Ty that I took charge of the reded from: Notural causes	emoins described obove, Accident	held on Autopsy [], Suicide [], M.D. J	Inspection Under	Inquiry, are termined manner	DATE SIGNED	51ATE
Bb————————————————————————————————————	(SPECIFY) Rei		17/83 23c. NAM	AE OF CEMETERY OR CR	REMATORY 23d LC	OCATION OR TOWN	COUNTY	STATE
DHMH - 17 (VR A15 ME (5)) 15M 2/80	24. FUNERAL DIRECT	tomy Board	ADDRESS Balto	., Md.	NOV 2.3	Y REGISTRAR 25b. REG	e o C	₹E

Mrs. Jaro Flowers 17 Temental St.

Ealtitle Tavone

	STATE OF MAKILAND O
R	DEPARTMENT OF HEALTH AND MENTAL HYG
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CISTRAR	CERTIFICATE OF DEATH

JIAIL OF MAKILAND	0
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
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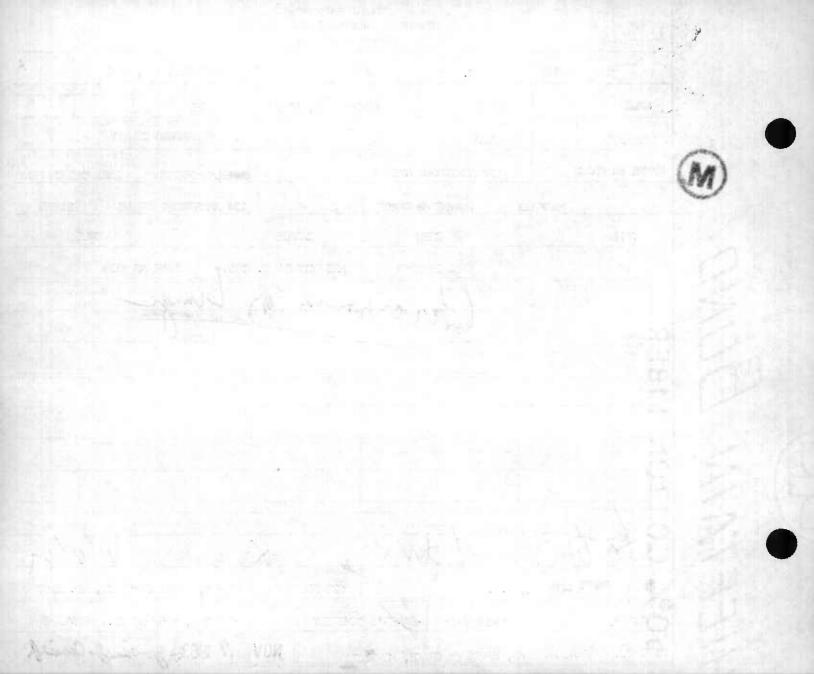
	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG		. NO.			
	DECEASED NAME	FIRST	W	VIDDLE	I	AST	20. DATE OF DEATH		DAY YEAR	2b HOUR	-
	(TYPE OR PRINT)	EDGAR	0	c.	C	DEN	NOVEM	BER 4,	1983		A
3	. SEX		4. RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAS	BIRTHDAY	IF UNDER 1 YE	AR IF UNDER 2	4 HRS
	MALE		WHITE		NOV	EMBER 24, 1906	76	YRS	MONIHS DA	YS HOURS	MIN,
7.	o. BIRTHPLACE (STAT	E OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY	? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CIT				MD
	HAVRE de GRA	CE	(IF NOT IN SUCH	RMSTRONG	T ADDRESS) AVENUE	DR OTHER INSTITUTION	120 USUAL OCCUP (TYPE OF WORK FOR MO OWNER/DPER	ST OF WORKING	LIFE) INDUST	OF BUSINES	
7	SUAL RESIDENCE (IF 30 STATE MD	13b. COUN	1	13c. CITY OR TOV HAVRE de		13d INSIDE CITY LIMITS? YES X NO [13e. STREET ADDRES		NUE	21078	
014	JOHN	A	WIDDLE	CDEN		15. MOTHER'S MAIDEN NAME OF THE CARRIE	WE		CD	LAST LE	
16	WAS DECEASED E			166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADI	DRESS			
ł	NO OR UNKNOWN	(IF YES, GIVE	WAR OR DATES)	714 18 29	58	MRS DORDTHY N.	. CDEN ,	SAME AS	5 #13e		
	PART 2 OTHER S	SIGNIFICANT C	ONDITIONS <u>CO</u>		DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CO		IVEN IN PART		
	Delle Lander		I've CONDII	HONTOK WINCE	TOPERATIO	N WAS PERFORMED	YES NOX	IN CERT		ES OF DEATH	1?
	OR CONTRIBUTING	CAUSE OF DEAT	P.N	A. MONTH D A.	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF II	NJURY IN ITEM 18	PART I OR PART)	
	21d. INJURY OCC	TWHILE WORK	21e. PLACE C	OF INJURY SET, FACTORY, OFFICE,	FARM, ETC.)	211. LOCATION STREET	CITY OF	TOWN	COUNTY	STA	ATE.
	the dec	eosed alive on_	ol) attended the	deceased from 19_		nd that in (my) (aur) apinion o	, ta death occurred an the			m, that (1) (we he couses state	
	GNATURE	m. r	nn	1x	m	DEGREE ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN 🗍	22c DA	E SIGNED	T
1	22d PHYSICIAN'S	S NAME (TYPE OR				22e ADDRESS 622 SDUTH UNIC	ON AVENUE H	AVRE de	CDACE	WD 0107	3
							DIN AVEINOL, II	HALL OC	GRACE,	MU. 2107	8

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR
NAME
MITCHELL FUNE

ADDRESS FUNERAL HOME PA, HAVRE de GRACE, MO 21078

NOV 7 1983 REGISTRAR'S SIGNATURE



STATE OF MARYLAND

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Joseph Stimson LO (211-70-600) Ded Community D. Godin dood Rd., Havre de		192 / / / / / / / / / / / / / / / / / / /	May May 1			200
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			Caba (Na			
		1.51				
					The Park of the Pa	NE ITER

FOR - STATE REGISTRAR

U.S.A.

4 RACE

13h COUNTY

Cecil

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

MIDDLE

В.

LIE YES GIVE WAR OR DATEST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG NO 20 DATE OF DEATH 2b. HOUR 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 HRS MONTH Oct. 1904 BALTIMORE CUTTOR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED XX NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a. USUAL OCCUPATION 12h KIND OF BUSINESS OR INDUSTRY Freight Conductor PENN. R.R. 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 349 Elm Street Perryville NOF 21903 15 MOTHER'S MAIDEN NAME MIDDLE Cunningham Addie Virginia Richardson 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. 218-03-6079 Cunningham Perryville. Marian APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18 CAUSE OF DEATH (Enter only one couse per line for his by, ond (a). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR ASIA CONSEQUENCE O Canditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE O underlying cause lost. PART 2. OTHER IGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISBASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES | NO [

21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHILE WHILE

1 DECEASED NAME

Maryland

Maryland

4. FATHER'S NAME

Frank

No

BIRTHPLACE ISTATE OR FOREIGN

CITY OR TOWN OF DEATH

FIRST

(YES NO OR UNKNOWN)

LTYPE OR PRINTS

3. SEX

21e. PLACE OF INJURY

716 TIME OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION

CITY OR TOWN

and that in (my) (our) apinion death occurred an the date and hour and from the causes stated

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

STATE

22a.1 certify that (1) (this hospital) attended the deceased from say the deceased alive an above, (1) (we) (did) (did not) view the body ofter deoth.

22e. ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL

Buria

PHYSICIAN'S NAME (TYPE OR PRINT)

23b. DATE

Nov.

23,1983

HOUR A.M. MONTH DAY YEAR

23c. NAME OF CEMETERY OR CREMATORY Principio Cemetery

DEGREE

23d LOCATION Perryville Cecil

DHMH - 16 50M 4/83

Perryville, Maryland

(VRA 15, 4)

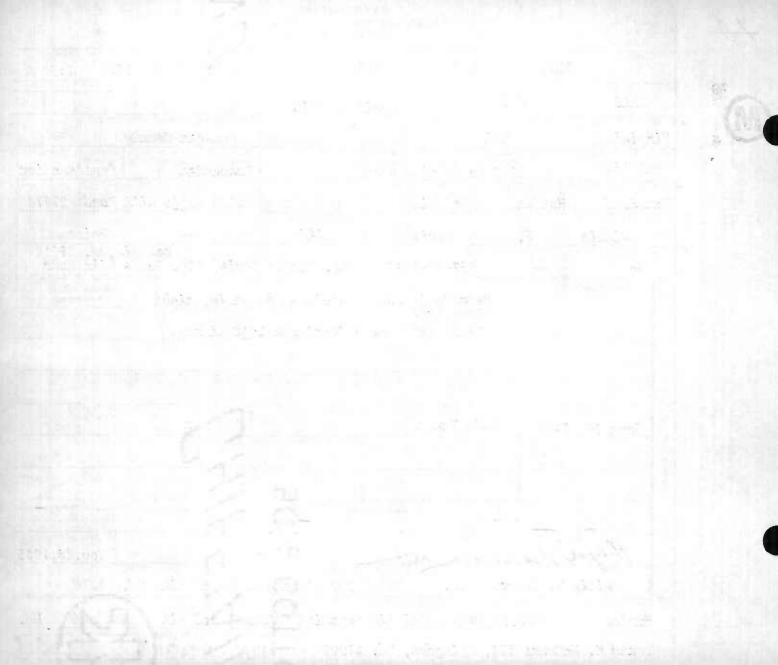
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(VRA 15, 4)

STATE OF MARYLAND



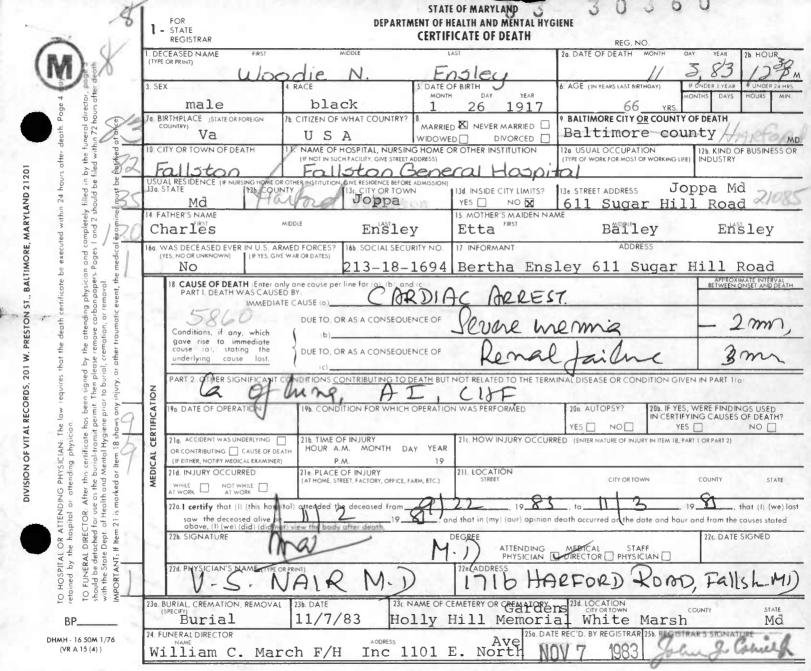
1-	FOR STATE		AA		T OF HEALT	H AND MENTAL CERTIFICATE	-	THE C) 3	5 8	
	REGISTRAR ECEASED NAME PE OR PRINT)	Marti		Gregory	Donah	LAST	OF DEA	20. DATE KNOWN OF ESTI- DEATH MATED	XX MONTH	6 ₁₀ 83	26 HOUR
3. SE	X M	RACE	5. DATE OF BIRT	21 62	SE (IN YEARS IF U	NDER 1 YR. IF UND	DER 24 HRS.	2c. DATE PRONOUNCED DEAD	MONTH	DAY YEAR 6 183	2d HOUR
FC		MD	USA	WHAT COUNTRY?	WIDO		RCED 🗆	9. BALTIMORE CIT	rd		MD.
	Aberdee	n	20 E.	OSPITAL, NURSING IFACILITY, GIVE STREET A Bel Air	Ave. Ar	et. A-6	FOR	JAL OCCUPATION MOST OF WORKING LIFE) NONE	(TYPE OF WORK	0R INDUST	USINESS TRY
13a S	MD	13b COUN	or other institution, ITY ford	GIVE RESIDENCE BEFORE 134. CITY OR THE Aberde	OWN	13d. INSIDE CITY LIMITS	□ 20 J		r Ave.	100: Apt. A-	6
160.	ATHER'S NAME FIRST Martin WAS DECEASED YES, NO, OR UNKNOW NO	EVER IN U.S. AR		Donahue 16b. SOCIAL S 212 20		15. MOTHER'S MA Gertru 17. INFORMANT Family	ide	MIDDLE	ESS	Kavanag	gh
Z	gove rise couse (o) s lying couse	, if any, which to immediate tating the under-	(b)	DR AS A CONSEQU	JENCE OF ASCV	nary Hear D SE DR CONDITION GIVEN IN		ease			
CERTIFICATION	19a DATE OF C	OPERATION	196. CON	DITION FOR WHIC	H OPERATION V	VAS PERFORMED?				20 AUTOPSY	(? NO []
MEDICAL CERT		OR G CAUSE OF	DEATH P	OF INJURY .M. MONTH DAY .M.	YEAR 19	OW INJURY OCCUP	RED LENTER!	NATURE OF INJURY IN ITEA	M 18 PART I ORP		NO E
MED	ZII INJURY OC WHILE AT WORK	NOT WHILE [E OF INJURY (AT ACTORY, FARM, ETC.)		OCATION STREET		CITY OR TOWN	cc	YINUC	STATE
	death resulted	AME Luis		Acident	Suicide _	, Homicide TITLE (SPECIFY)	Undet	Inquiry , ermined monner C	ond in my o , DATE SIGN Vre De	ED 11-6-	100
	BURIAL, CREMATI	ON, REMOVAL	23b. DATE Nov. 9.19		OF CEMETERY C		CITY	OCATION ORTOWN Ordeen. H			STATE DOG
	UNERAL DIRECT	OR				250. DA	TE REC'D. BY	REGISTRAR 255 R			414

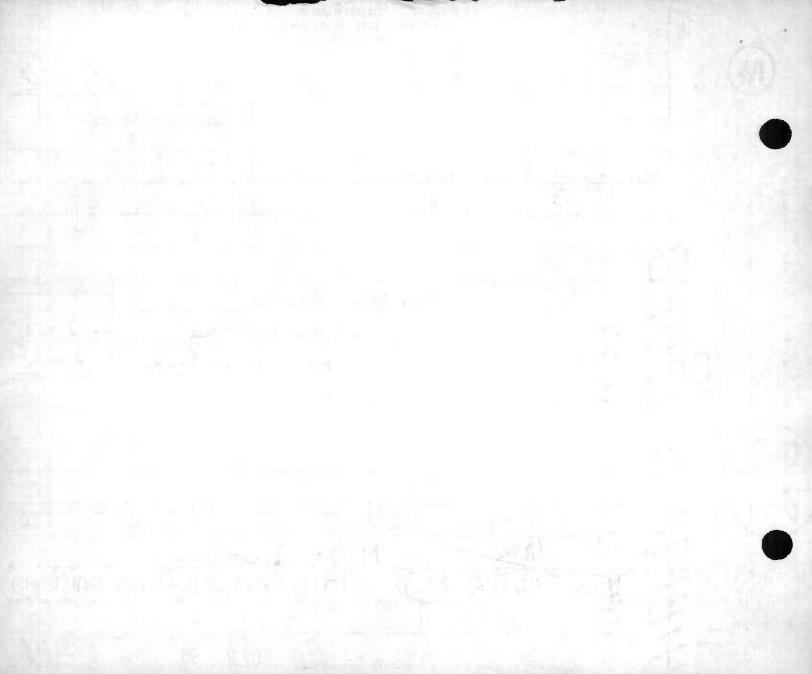
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+	16	Ĺ	FOR STATE REGISTRAR		STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 3 0	3 5 9	
	8		OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26. HOUR
	may h	3 SE	×	He Virgini	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER I YEAR	IF UNDER 24 HRS
	7 9 9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		Female	Caucasian	Jan. 15, 1913	70	YRS.	HOURS MIN.
	uneral d	M	RTHPLACE (STATE OR FOREIGN COUNTRY) aryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF	COUNTY OF DEATH	MD.
201	with with	F	Tallston	(IF NOT IN SUCH FACILITY, GIVE STREET A	GHOME OR OTHER INSTITUTION BENEFAL HOSE	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWI	WORKING LIFE) INDUSTRY	F BUSINESS OR
BALTIMORE, MARYLAND 2120	(M) 25	13a S	at RESIDENCE (IF NURSING HOME OF STATE 136 COURT HOME OF STATE			13e. STREET ADDRESS 3626 Ande	rson Lane	21084
ARYL	plete nd 2	14 FA	THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NAM	MIDDLE	LAST	
RE, M	d comples I one		VAS DECEASED EVER IN U.S. AR			Roberta	Bowmar Bowmar	1
TIMO	on and s. Page	(res no or unknown) (if yes gi	214-18	-7658 Howard B.	Dorn s	ame as abo	ove
, 201 W. PR	quives that the death cert signed by the attending hen please remove corbon to buriol, cremotian, ar reinjury, or ather traumatic exitory, or ather traumatic exitors.	NC	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	roma of le	inal disease or cond	DITION GIVEN IN PART 11c	3
AL RECORDS	he law re ran. I has been it permit. I ene prior raws any it	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED "	20a AUTOPSY?	20b. IF YES, WERE FINDIN AN CERTIFYING CAUSES YES []	GS USED OF DEATH?
DIVISION OF VIT.	PHYSICIAN: T ending physici this certificate te burial-transi ad Mental Hygi d or Item 18 sh		2)a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH DA	Y YEAR 19	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
DIVISION	0 # a # a 9	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.) 21f LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
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	OR A he has DIREC ached Dept. If them		obave, (!) (we) (did) (did no 22b. SIGNATURE	at) New the bally after death.	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE S	
	chospital etained by the TO FUNERAL should be deto with the State MAPORTANT: H		1200 D. S.	OM ERVILLE	400 LEWIS	*		E mi)
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Di	HMH - 16 50M 1/81 (VRA 15, 4)	24 FU	NERAL DIRECTOR Gladden Ku	rtz Jarrett	flord 4	REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SIGNATU	JRE

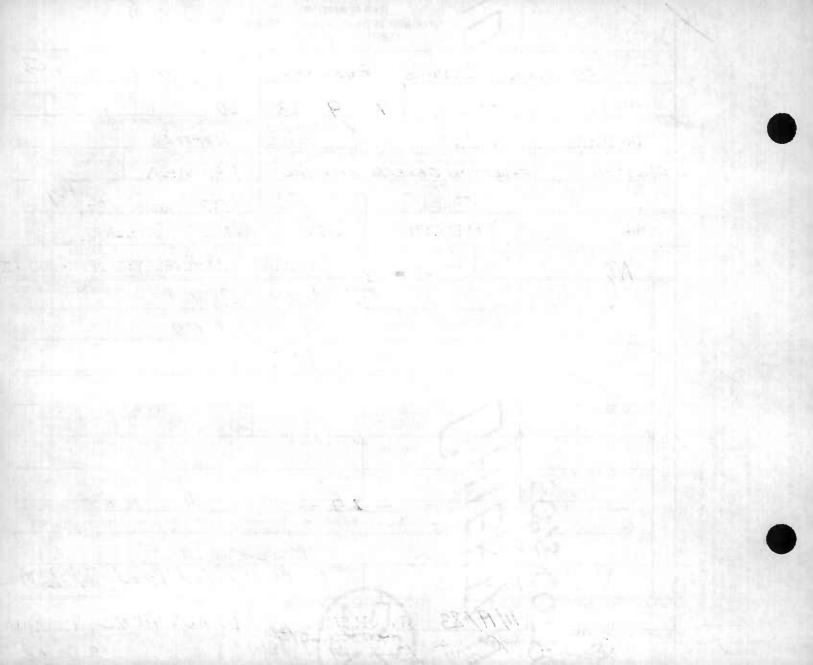
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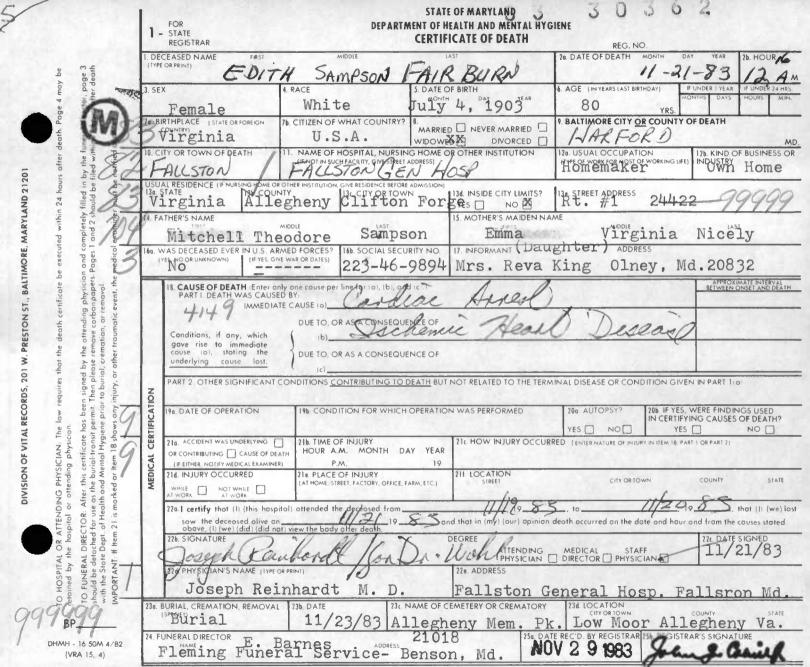


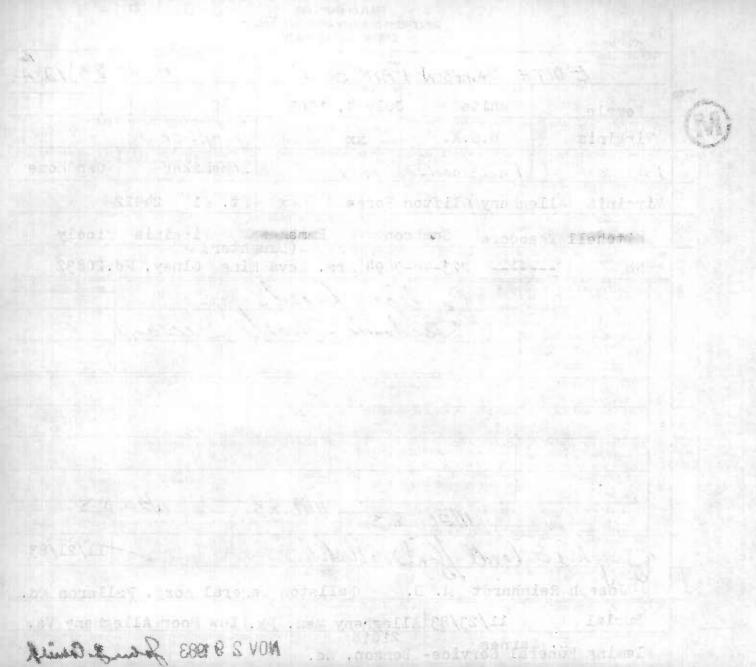


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	death		REGISTRAR CEASED NAME FIRST OR PRINT) WILLIA		Everet		DAY YEAR 26. HOUR-7
Page 4	director. pours offer	3. SE	Male	1. RACE Black 76 CITIZEN OF WHAT COUNTRY?	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 9. BALTIMORE CITY OR COUNT	FUNDER TYEAR FUNDER 24 HRS MONITHS DAYS HOURS MIN.
ter death.	within 72 h		VIRGINIA TY OR TOWN OF DEATH	U.S.A.	MARRIED DIVORCES WIDOWED DIVORCES G HOME OR OTHER INSTITUTION	HARFORD	MD.
ND 21201	ould be filed	USU.	STATE 136 COUN	FALLS TON GEN	ERAL HOSPITAL ADMISSION) N 13d. INSIDE CITY LIMI	ITS? 13. STREET ADDRESS	21040
MARYLAN	ond 2 should be stone or	14 F./	D. TO STHER'S NAME OHN FIRST	LEDGEWOOD EVERETTE	15. MOTHER'S MAIDE	N NAME	OD CT. ELAND'AST
TIMORE,	ers. Pages 1		VAS DECEASED EVER IN U.S. AR.	E WAR OR DATES)	RITY NO. 17. INFORMANT MISS	OURI HILL-EVERET	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC PHYSICIAN: The low requires that the death certificate be executed within 24 hours of attending physician.	od by the attending physic lease remove carbonapape rial, cremation, ar remove or ather traumatic event, t		PART I. DEATH WAS CAUSE	ally one couse per line for (a), (b), one D BY: FE CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF 12	the CM	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AL RECORDS, 20 he law requires ion.	mit. Then prince to but	CERTIFICATION	PART 2 OTHER SIGNIFICANT O		DEATH BUT NOT RELATED TO THE	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
PHYSICIAN: T	this certificate nos he buriol-transit pe nd Mental Hygiene d or Hem 18 shaws	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED WHILE NOT WHILE		Y YEAR 19 211 LOCATION	CCURRED (ENIER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2) COUNTY STATE
R ATTEND	Dikectors: After the control of the action of the control of the c		270.1 certify that (I) (this happens saw the deceased alive on	bi) attended the deceased from 19	DEGREE	pinion death accurred an the date and had	19, that (I) (we) last ur and from the causes stated
HOSPITAL ined by th	should be detact with the State Di		22d PHYSICIALS NAME	NAIR	ATTENDI PHYSICI 22e. ADDRESS	b Hayad Roa	ed, whih Du
BP_			SURIAL, CREMATION, REMOVAL SPECIFY)		AME OF CEMETERY OF CREMAT	ORY 23d. CCATION BUTOR 10WN BUTOR	COUNTY VIRGINI
	5 50M 4/82 15, 4)		NAME DERLY () A POPRESS	Betto W.	NOV 2 1 1982 2	an & Cowiel

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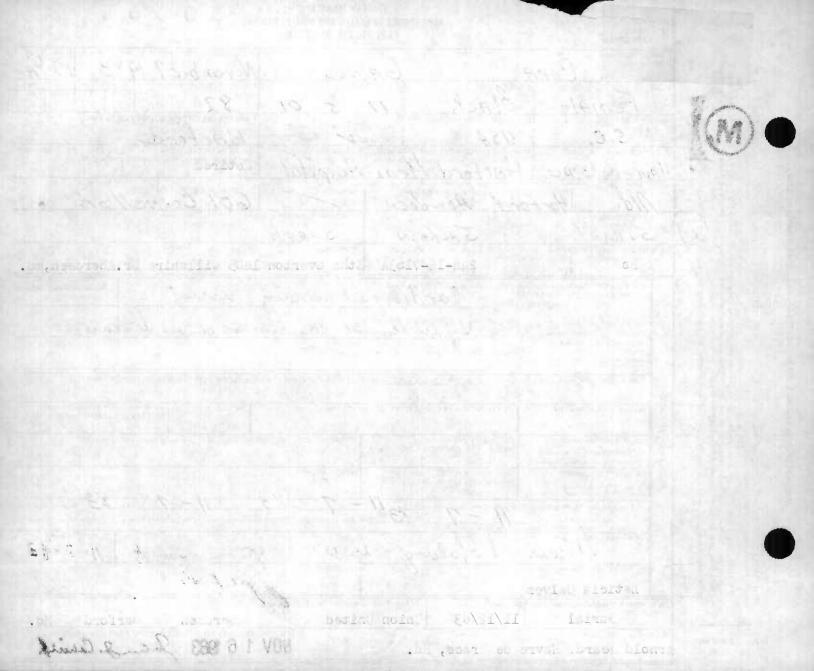
	FOR - STATE		STATE OF MARYLAND FOR HEALTH AND MENTAL HYGE ERTIFICATE OF DEATH	GIENE	303	
1)	REGISTRAR			REG. NO		
	DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
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3. 5	Female	1 RACE 5.1	DATE OF BIRTH MONTH 12 4 91	6. AGE TIN YEARS LAST BIRTI	MONTHS DAYS	HOURS MIN.
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\$ 10. S	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H		120. USUAL OCCUPATION	VORKING LIFE) INDUSTRY	
A AN	OUAL RESIDENCE (IF NURSING HOME OF STATE	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADM	ISSION)	Moarding	House I Bung	- 1
35	md, Har	Ford Bel AIR	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	essy Rdi	21014
14	FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	LA LA	.st
870	Lawrence	Forwood	Jenny	ena abba ADDRE	FORWOO	o a
medico 160	WAS DECEASED EVER IN U.S. A [YES, NO OR UNKNOWN] (IF YES, G	RMED FORCES? 166 SOCIAL SECURITY 219-34-2	· lale	F. WETTET HA) COMPANDEDIZE N	Wyded 3101
vent, the	PART I. DEATH WAS CAUS	nly one cause per line for (a), (b), and (c) ED BY: (TE CAUSE (a)	RESPIRATOR		APPRO)	ONSET AND DEATH
natic e	4292		EDAS.C.U.D.		5	VEARS
ner trour	Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE				121110
or of	underlying cause lost.	(c)				
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- 3	OR CONTRIBUTION TO CAUSE OF D	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR		
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norked or	21d. INJURY OCCURRED WHILE NOT WHILE ALWORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	211. LOCATION STREET	CITY OR TOW	vn COUNTY	STATE
30		nital) attended the deceased from	1980 19/14	00 10 20 NO	V 19 83	that (I) (we) lost
21 is		n 7007 19 83	, and that in (my) (our) opinion	deoth occurred on the do	te and hour and fram the	couses stoted
E E	22b. SIGNATURE	1 / // //	DEGREE			SIGNED /C
# 11	Q N. 18 10	murce m	ATTENDING PHYSICIAN	MEDICAL STAF		20/83
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- 230	BURIAL, CREMATION, REMOVA		E OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
	Burial		spring Episcopal Church C	on Forest Hill,	tarford Co, Many	1050 Jan 1050
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		OR PRINT)		Carre	1-6	1/. 1	-7 1983	12 ta
	3. SE	Corr	RACE/	5. DATE OF BI	62	6. AGE IN YEARS LAST BIR		
		Female	Black	MONTH	DAY YEAR 5 01	82	YRS MONTHS (DAYS HOURS MIN
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100	160 \	VAS DECEASED EVER IN U.S. ARM	AED FORCES? THE SOC	IAL SECURITY NO. 17	INFORMANT	ADDR	SS	
			WAR OR DATES!			1405 Willsh	ire Dr.Abe	erdeen, md
		18 CAUSE OF DEATH (Enter only	one couse per line for to). (b). and (c).)		LIE LUNIO	A BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
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		IMMEDIATE		- /	- 0		1	
		7027	DUE TO, OR AS A CO	ONSEQUENCE OF	Pa. Di	11/0x c. Pr	Duka	11
		Conditions, if ony, which gove rise to immediate	(b)	ou racini	accuse	of a court		-
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	NSEQUENCE OF				
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0	CERTIFICATION	IA DATE OF ORENATION	Tial condition for	WHICH OPERATION W	AC DEDECODATE	20s AUTOPSY?	206. IF YES, WERE F	INDINICE LISED
1	ICA	19a. DATE OF OPERATION	198 CONDITION FOR	WHICH OPERATION W	AS PERFORMED	ZUB AUTOPST:	IN CERTIFYING CA	USES OF DEATH?
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	ğ	21d. INJURY OCCURRED	21e. PLACE OF INJUR	Y 211	LOCATION	CITY OR TO	IWN COUN	TY STATE
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		saw the deceased alive an_	11-1	19 33 and th	at in (my) (aur) apinion	death occurred on the d	ate and hour and from	
		above, (I) (wen (did) (did not)	view the body after deat	th.				
		226. SIGNATURE	100	DEG		MEDICAL STA		DATE SIGNED
		I there	1 - Jal	ung m	PHYSICIAN (MEDICAL STA	IAN [1-8-80
		224 PHYSICIAN'S NAME (TYPE OR	PRINT	220	e ADDRESS ?			
		Leticia Galvez						
=	230	BURIAL, CREMATION, REMOVAL	23b. DATE	234 NAME OF CEASE	TERY OR CREMATORY	123d LOCATION		
		Burial	11/12/83		25.82	CITY OR TOWN	COUNTY	STATE
+	24.5		111/15/03	Union Uni		Aberdeen	Harfor	
		UNERAL DIRECTOR		ADDRESS	756. DA	TE REC'D. BY REGISTRAR	REGISTRAR'S SIC	SNATURE
	Arr	nold Beard. Havr	e de Grace,	Md.	NUV	1 6 1983	man	LABORAL



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PHYSICIAN DIRECTOR PHYSICIAN DIR	hospital or IRECTOR: Afriched for use or lept. of Health Item 21 is mai		sow the decease above, (1) (we) (d				, or	d that in (my) (our) opinio	n death occurred on the	100	our and from the	_
	O FUNERAL D O FUNERAL D hould be detected off the State D APORTANT: If		22d PHYSICIAN NA	ME (TYPE OF	R PRINT)	Tun	>	PHYSICIAN	DIRECTOR PHYS		11/5	f3,

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 7/77 (VR A 15 (4))

24. FUNERAL DIRECTOR Howard K. McComas III Abingdon, Md. 21009

Nov. 7, 1983

230. BURIAL, CREMATION, REMOVAL

ATORY 123d. LOCATION COUNTY Ardens Bel Air Harford Md.

1250. Date REC'D. BY REGISTRAR 25th REGISTRAR'S SIGNATURE BelAir Memorial Gardens

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FOR

- STATE

TYPE OR PRINT

L DECEASED NAME

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL RYGIENE CERTIFICATE OF DEATH REG. NO LAST 20. DATE OF DEATH 25 HOUR 30 83 GREEN A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTHS DAYS 9. BALTIMORE CITY OR COUNTY OF DEATH HARFORS 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Homemaker 13e. STREET ADDRESS 115 E. HIGH 15 MOTHER'S MAIDEN NAME MIDDLE Biddle ADDRESS Mta. Shirley A. Mercer. Elkton, Md. 21921 ABSETIC NEPHRIPATH 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

ADDRESS for FUNERALS, ELKTON, MD. 21921

NOV

CITY OR TOWN

COUNTY

STATE

22c. DATE SIGNED

DIRECTOR PHYSICIAN

Burial 12-3-83

24 FUNERAL DIRECTOR

23d. LOCATION CITY OR TOWN

Park, Elkton, Md. 21921

DHMH - 16 50M 4/82 (VRA 15, 4)

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ı	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO		
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I	(TYPE OR PRINT) Charle	· Ti	C - 11:41	4	May 3 1982	743
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ľ	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY] IF UNDER I YEAR MONTHS DAYS	
ı	Male	White	SEPt. 12, 1895	88	YRS.	
۱	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Churchville	76. CITIZEN OF WHAT COUNTRY	(? 8. M	9 BALTIMORE CITY O	R COUNTY OF DEATH	1
ı		U.S.A.	MARRIED NEVER MARRIED		Hartord	
ł	Maryland OCITY OR TOWN OF DEATH		WIDOWED DIVORCED	12a USUAL OCCUPATI	The same of the sa	OF BUSINESS OR
1	New a law e	(IF NOT IN SUCH FACILITY, GIVE STRE		(TYPE OF WORK FOR MOST C	F WORKING LIFE LINDUSTRY	Υ
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t	14 FATHER'S NAME	10100	15 MOTHER'S MAIDEN NA	- V-	100	
1	FIRST	MIDDLE COLASI	oth GETTO	MIDDLE	GATE	AST
1	James	041141				
ľ	160 WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES)	, , -		M35 DEED RU	PARST GE
ı	Yes- Army WWI	160-01-	-0566 mon charles	1. (4. 18. 34 24	. Whiteford, A	maryland 2116
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ı	PART I. DEATH WAS CAUSED	D BY:	estuice to anx	trile	110	
I	IMMEDIATE	E CAUSE (o)	sere jacted	fuce		
ı	7272	DUE TO, OR AS	GENCE OF 1 D	V		
I	Conditions, if ony, which	(b)	, WD			
ı	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQ	UENCE OF			
ı	underlying couse lost.	(c)				
١	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 1	lia
ı	Z					
1	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND	INGS USED
4	J. J				IN CERTIFYING CAUSE	S OF DEATH?
4	THE STATE OF THE S			YES NO	YES [NO 🗌
ı	OR CONTRIBUTION CAUSE OF DEA	LITHOUGH A MA ALCOHITU	DAY YEAR 21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN IILM 18 PART FOR PART 2)	
۱	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19			
1	(IF EITHER NOTIFY MEDICAL EXAMINER)	21e. PLACE OF INJURY	211 LOCATION	CITY OR TO	OUNIY COUNIY	STATE
ı	WHITE NOT WHITE AT WORK	(AT HOME STREET, FACTORY, OFFICE	E, FARM ETC)	CITORIO		3,771
I		tal) attended the deceased from	10-13 10 83	11-3	19.83	, that (I) (we) lost
ł	saw the decased alive on	24 2	33 ond that in (my) (our) apinion	death occurred on the d		
ı	obave; (I)/we) (did) (did not	t) view the bgdy after death.		- Com occurred on me o		e typises sibled
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1	pun	D Gun	ATTENDING	MEDICAL STA		2/02
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1	23e. BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
1	Burial	Nov. 5, 1983 F	3El Au-Memorial Garde	IS BE AIR H	arton Co. Man	41014 21014

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physics should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

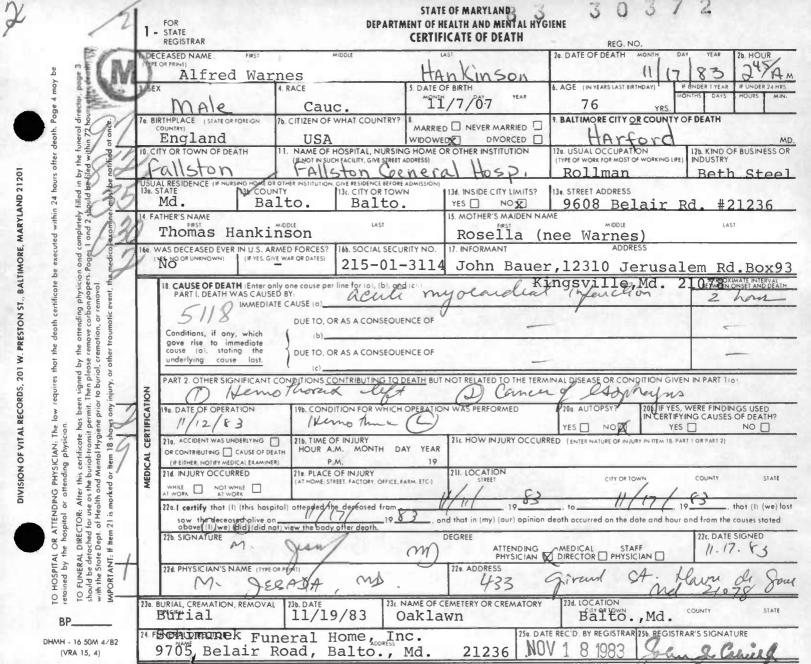
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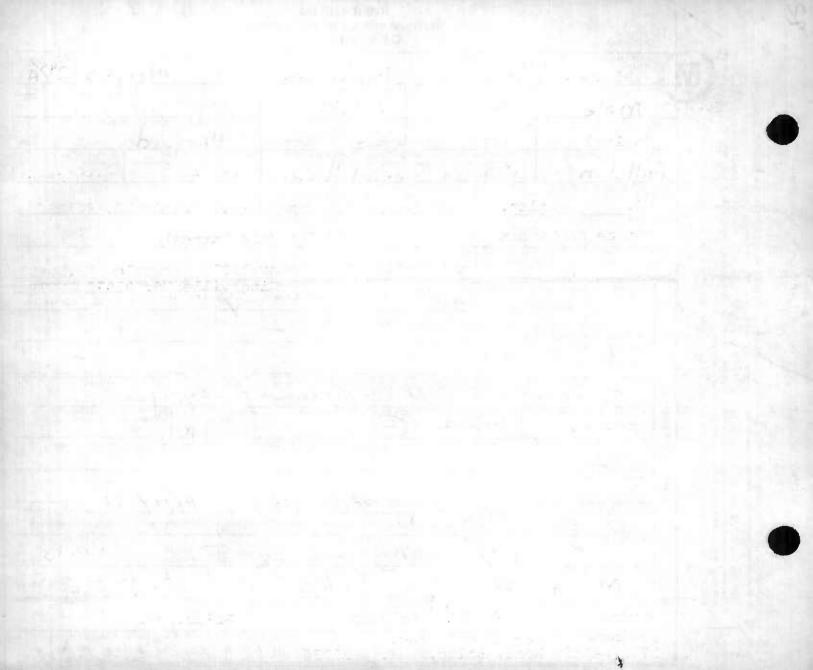
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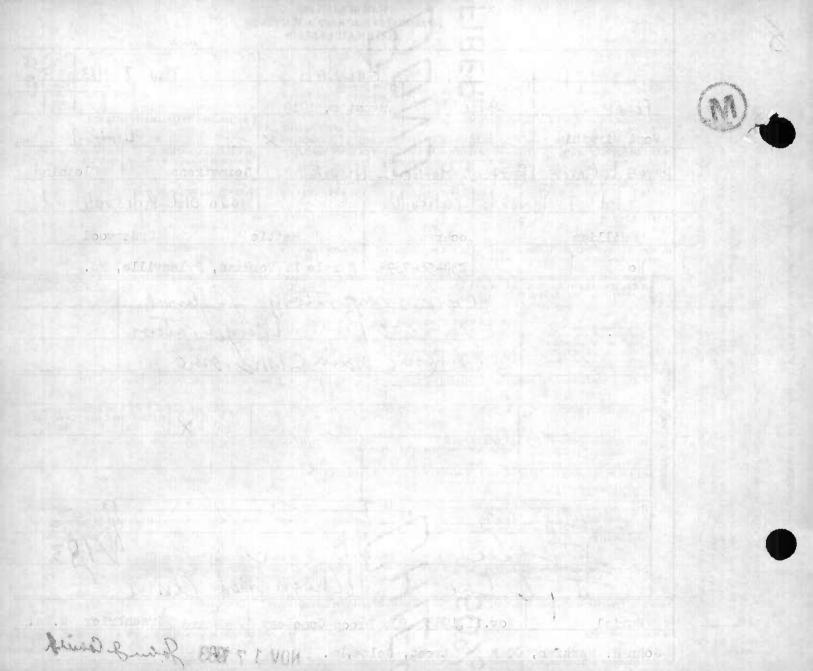
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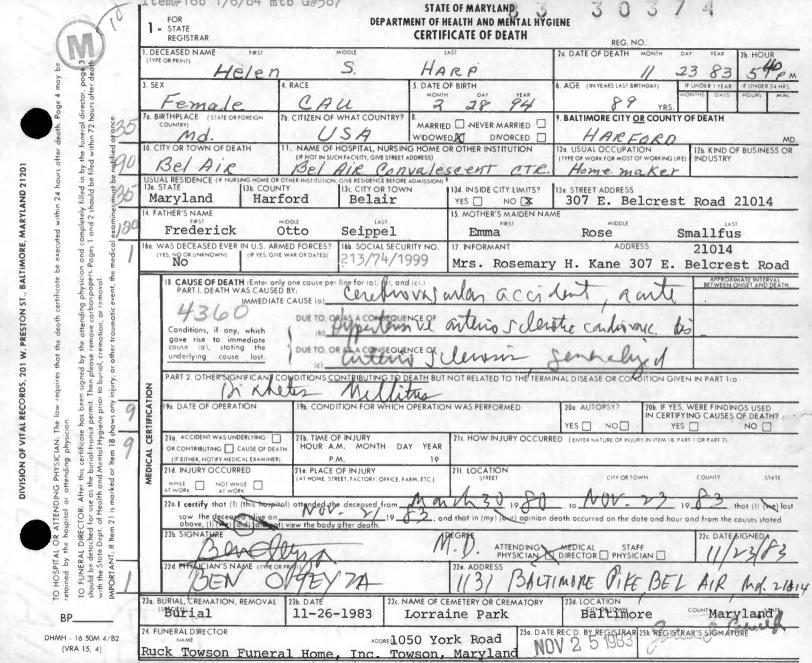
7	FOR	DEPARTMENT OF HEALTH AND MENTAL HYBRENE 3 0 7
7	- STATE REGISTRAR	CERTIFICATE OF DEATH REG. MC.
1/457	DECEASED NAME FIRST	4 Augustus HALL 20. DATE OF DEATH MONTH DAY YEAR 18 HOUR A 7:25 M
	Female	4 RACE 5. DATE OF BIRTH AONTH DAY DAY AND AND SEAR 6. AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS HOURS MIN.
1 135	BIRTHPLACE (STATE OR OREIGN COUNTRY)	** STITZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED MARRIED MD.
66	10 CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HAR FORD (E. M. SICHEL ADDRESS) 128 USUAL OCCUPATION (TYPE OF WORKING LIFE) NOTE: THE PROPERTY OF
24 hours	SUAL RESIDENCE (IF NURSING HOME)	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) DUNTY 134. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE
AMERICA Combon Components Compone	FATHER'S NAME	MDDLE HAST 15. MODIES'S MAILYEN NAME MIDDLE WILLAST SON
MORE, A	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, C	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT STEWAYT Some 95 9 hour
T., BALTI physicor propertiment	PART 1. DEATH WAS CAUS	r only one couse portine for (a), (b), one (c)
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by the by the by the conserence	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF
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At RECO	11 OATE OF OPERATION 11 14 83	IN CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 106 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
CEAN TO PAYOR OF WITH COMPANY	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH DAY YEAR
IVISION of PHYS of PHY	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OF JOHN COUNTY STATE
TTENDS TOR At tor use of Health	220.1 certify that (1) (this has saw the deceased alive	ospital) ottended the deceased from 10 - 13 , 19 83 , to 17 - 19 83 , that (II (we) last
At OR A the hour DREC estoched estoched for if it them it.	776 SIGNATORS	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
HOSPITA HOSPITA FUNER Vald be d	PHYSICIAN'S NAME (TYPE	
2	236. BUBIAL, CREMATION, REMOVA	VAL 23b. DATE 18-83 MT Z O A B CONTON 1990 -
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FUNERAL DIRECTOR	Jos die Risem Sun MM 250 DATE REC'D BY REGISTRAP 250. POSTRAP'S SIGNAT

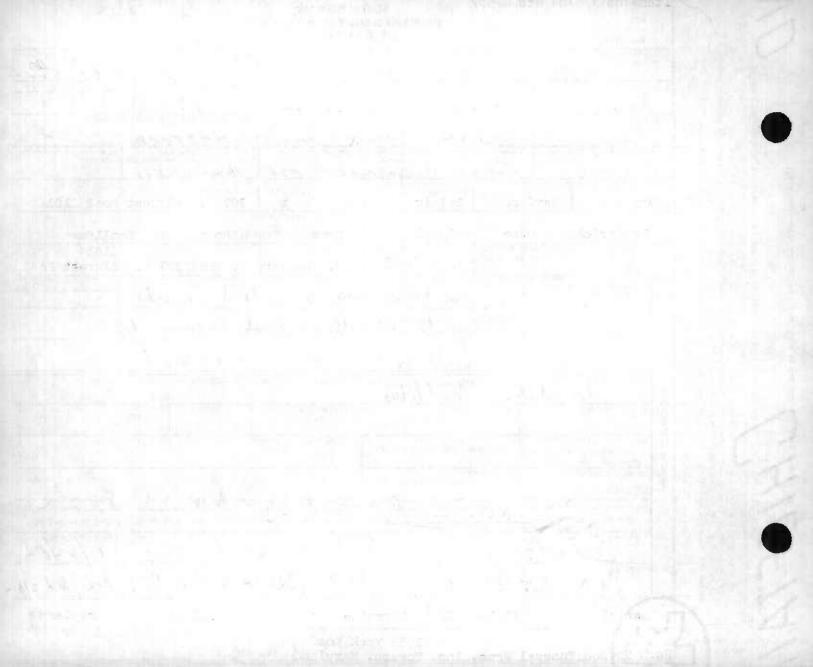
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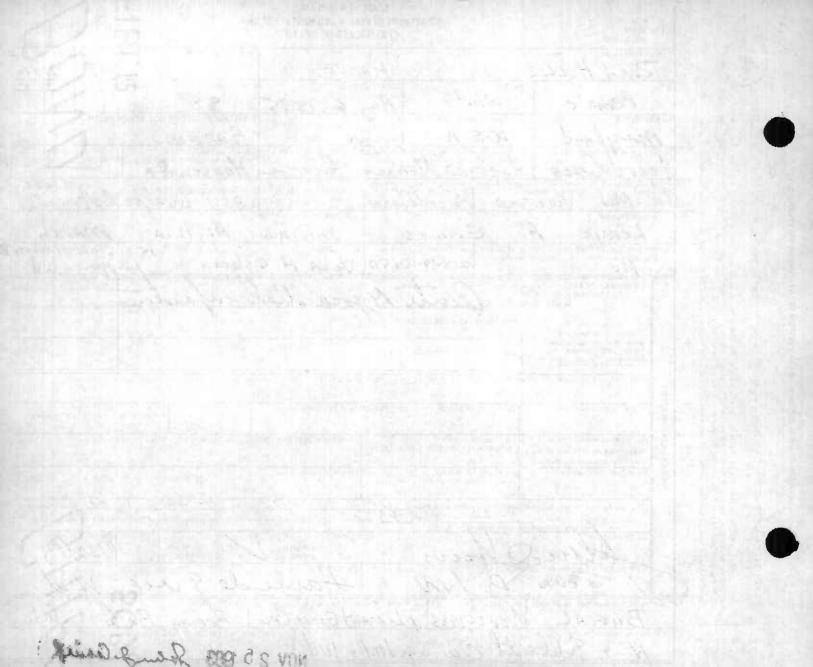












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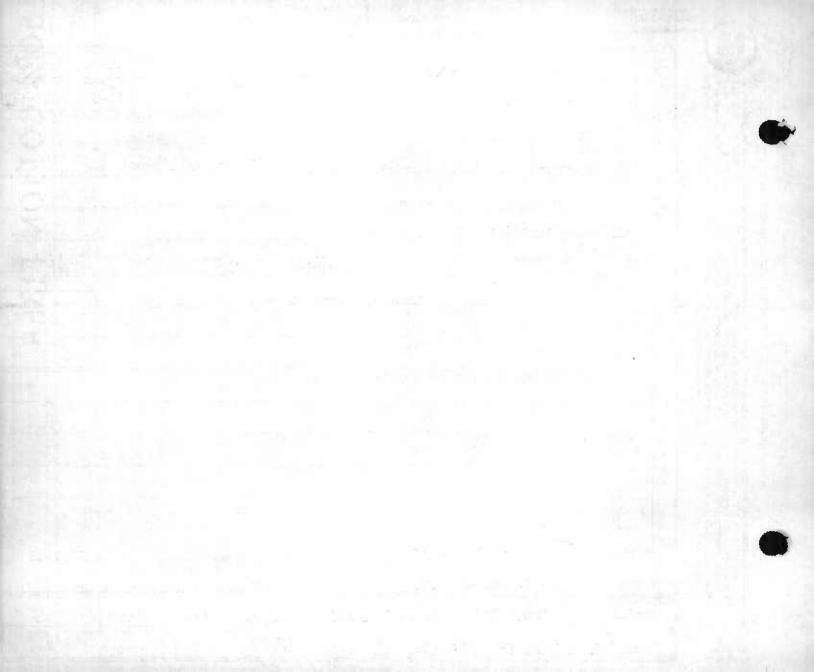
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E-SAME TO	(11)	John		Andrew		Koppenh	effer	OF ESTI- DEATH MATED	11 6 1983 11	5
S. S	3. SE	4. RACE	5 DATE OF BIRTH	YEAR	LAST BIRTHDAY	IF UNDER 1 YE		24 HRS. 2c. DATE MIN. PRONOUNCED	MONTH DAY YEAR 26 HOT	UR
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3 6 3 6 0		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	nly ane cause per lir	ne far (a), (b),	and (c).)	, care			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	TH
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S CERTIFICATE SHOULD BE EXECUTE RITING THE WORD "PENDING" IN RED TO THE CHIEF MEDICAL EXA E 3 SHOULD BE USED AS A BURIAL E DEPARTING THE AND MI		UNDERLYING OR CONTRIBUTING CAUSE OF		M. MONTH M.	DAY YEAR	ZIE HOW INJU	JRY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM	118 PART 1 OR PART 2]	
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EDICAL E UTE THE UTE THE STORY WORE, M	4	SIGNATURE				M.D. De	puty	MEDICAL EXAMINER	SIGNED 11-7-83	_
TO MEDI EXECUTE PAGE 4 A FOR DNE BALTIMO		EXAMINER'S NAME Luis							avre De Grace, MD	
BP		URIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE OV. 9, 1983			ery or crema morial		23d LOCATION CITY OR TOWN S. Aldino	Harford Md.	
DHMH - 17		UNERAL DIRECTOR	ADDRE				25a. DATE	REC'D. BY REGISTRAR 2500 RI		
(VR A15 ME (5)) 15M 2/80	L.f	Howard K. McCom	as III, A	bingdo	n, Md.	21009	NOV	8 1983	and coning	



MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

126 KIND OF BUSINESS OR

21078

APPROXIMATE INTERVAL

SELF-EMPLOYED

TAST

MATTHEWS

IF LINDER LVEAR

INDUSTRY

COUNTY

STATE

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IF LINDER 2 LHRL

20 DATE OF DEATH

DHMH - 16 50M 4/83 (VRA 15, 4)

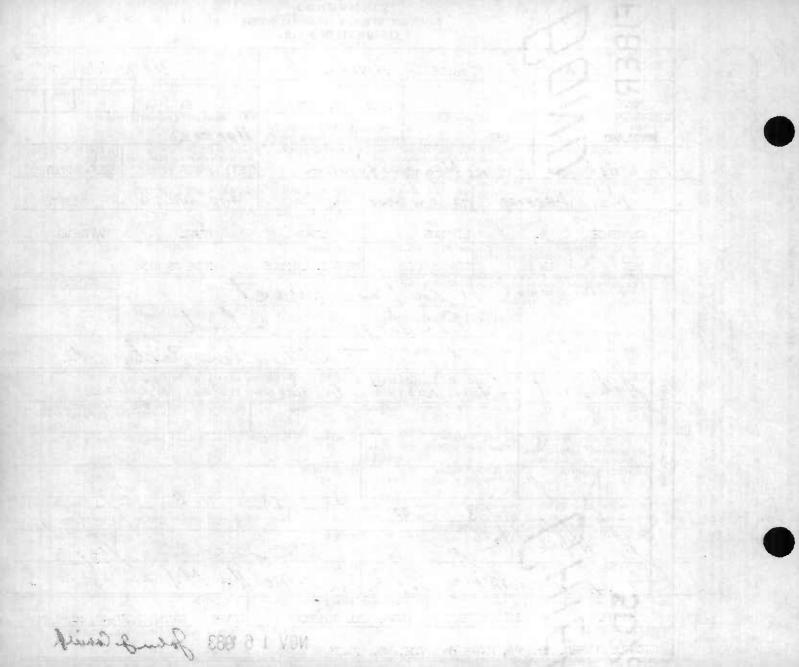
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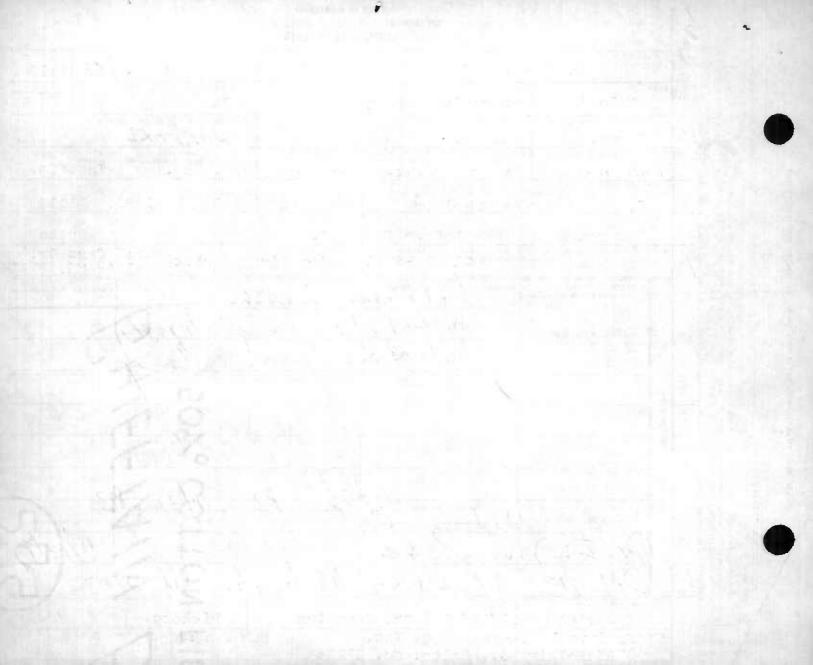
24. FUNERAL DIRECTOR

I. DECEASED NAME

- STATE



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- Office	othliedo		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Fallston	URSING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKI	126. KIND OF	BUSINESS OR
AND 21201 n 24 hours of filled in by rould be file	and tauns to	130.	AL RESIDENCE (IF NURSING HOME O STATE 136 COUL Md. Hai	ROTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS 1833 Wheel	Rd. 21	L014
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BALTIMORE,	e medical		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES. GI		SECURITY NO. L4-4971	Marion Dix		617 Cass elAir Mo	
W. PRESTON ST., of the death certific by the offending ph se remove cobons ceremotion, or remo	njury, or other troumatic even	NO	Canditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost.	DUE TO, ORALA CON	EQUENCE OF	M D LANGE TO THE TERM	aphaluja j aphaluja j Chin inal disease or condition	LA JEN IN PART 110	
AL RECOI	8 /	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR V	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206.7 YES NO	FYES, WERE FINDING CAUSES (GS USED OF DEATH?
DIVISION OF VITAL RECORDS, 201 O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the etoined by the hospital or ottending physicion. TO FUNERAL DIRECTOR. After this certificate has been signed it has been bright on the place with the Stote Deat, of Health and Membel Hydriene prior to burnal ob burnal ob burnal b	ANT: If Hem 21 is morked or Hem	MEDICAL	The LIGNATURE	ATH R) HOUR A.M. MONTI P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, C OIT VIEW the body ofter smith.) OR PRINT)	PFICE, FARM, ETC.) From 19 A/C//	THE LOCATION 19 19 10 opinion of the property of the proper	Deoth accurred on the date and	h is Part OR Part 2) Colory	STATE hat (I) (we) last ouses stated
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DHMH - 16 50M (VRA 15, 4)		24. F	9705 Rolai	Funeral Home	MED 3	1 1	E REC'D BY REGISTRAL 256, RE	GISTRAR'S SIGNATO	IRE



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- 9		CEASED NAME E OR PRINT)	FIRST		WIODLE		LAST	17 61	20. DATE KNO		DAY YEAR	26. HOUR
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おいると言語	FC	RTHPLACE (STATE OR REIGN COUNTRY)		CITIZEN OF WHA		8. MARE	HED NEV	ER MARRIED	9. BALTIMORE	CITY OR COUN	ITY OF DEATH	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may retained by the hospital or attending physician.	Maintain policy of the policy	The Differ Low. After my section and been signed by the attending physician and should be filled in by the place of the different forms of the build-france prior to build, cremation, or removal. MEDITANT: If them 21 is marked or them 18 show, any injury, or other traumatic event, the medical marked or them 18 show, and prior to atthe traumatic event, the medical marked or them 18 show, and prior to atthe traumatic event, the medical marked or them.
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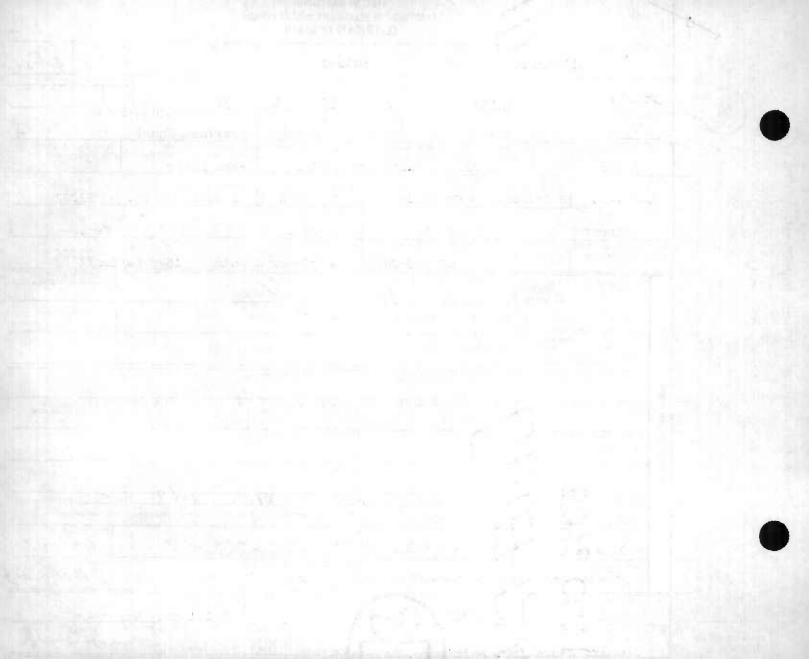
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYDIENE
CERTIFICATE OF DEATH

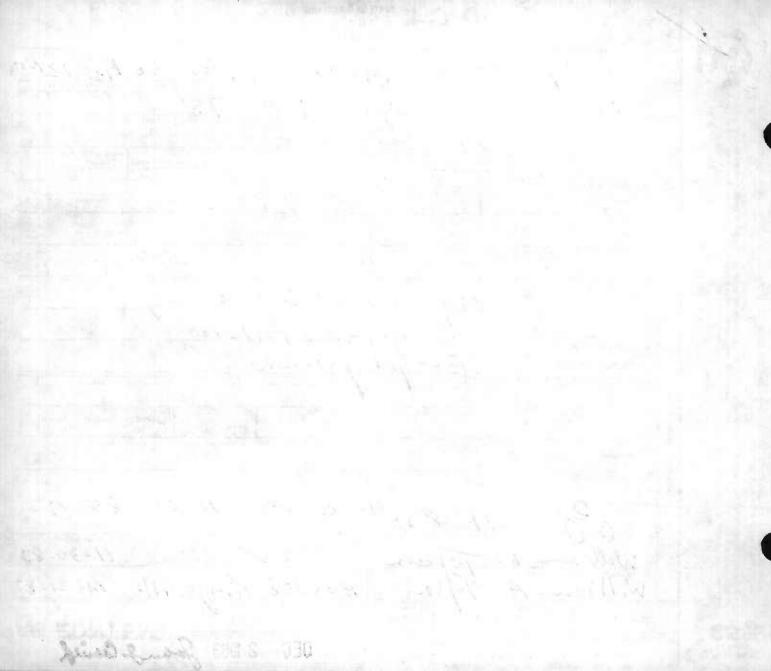
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- STATE REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME 2h HOUR TYPE OR PRINT 00 Elizabeth Lutche 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR IF UNDER 24 HRS MONTH YEAR Female 15 92 White BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ruland II.S.A Harford County WIDOWED DIVORCED ITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bel Air Bel Air Convalescent Center Home Maker UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
STATE 136, COUNTY 136. CITY OR TOWN 130 STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Baltimore Rosedale 8 Weufield Ct. YES [NO T 21237 ATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE WIGGE Ernest Gleitsman Louisa Regis 17 INFORMANT ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 1028 Hartmont Rd NO 220-54-3006 Mr Wiomer C Lutche APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY A IMMEDIATE CAUSE DUF TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 78n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [NO YES [21n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 210. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 29 83 saw the deceased alive an_ and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did not) view the body after death 22b SIGNATURE 77c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION BURIAL CREMATION, REMOVAL 23b. DATE Burial CITY OR TOWN 11/12/83 Oak Lawn Baltimore, Maruland 24 FUNERAL DIRECTOR

NAME
Leonard JRuck Inc. Baltimore Maryland

NOV 1 0 1985 John & Carrette

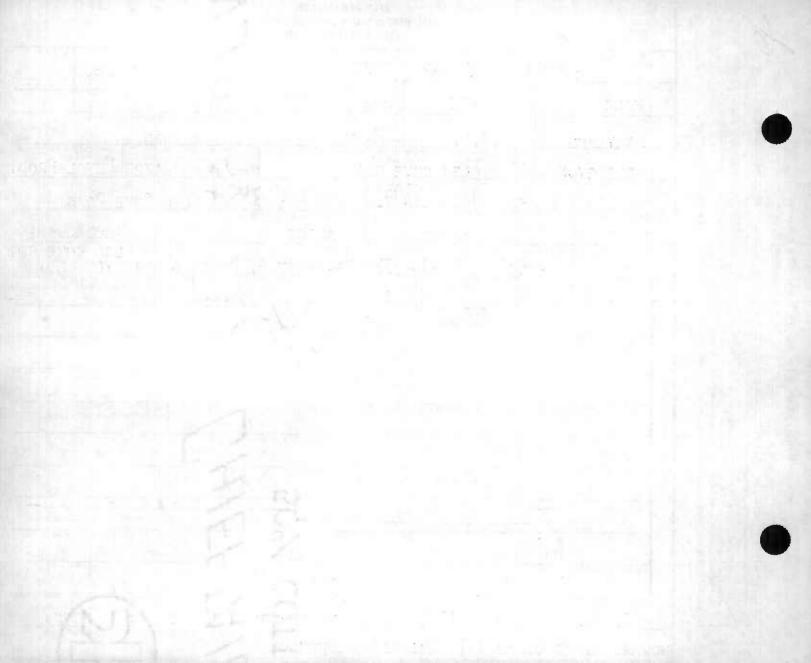




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MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078

FOR

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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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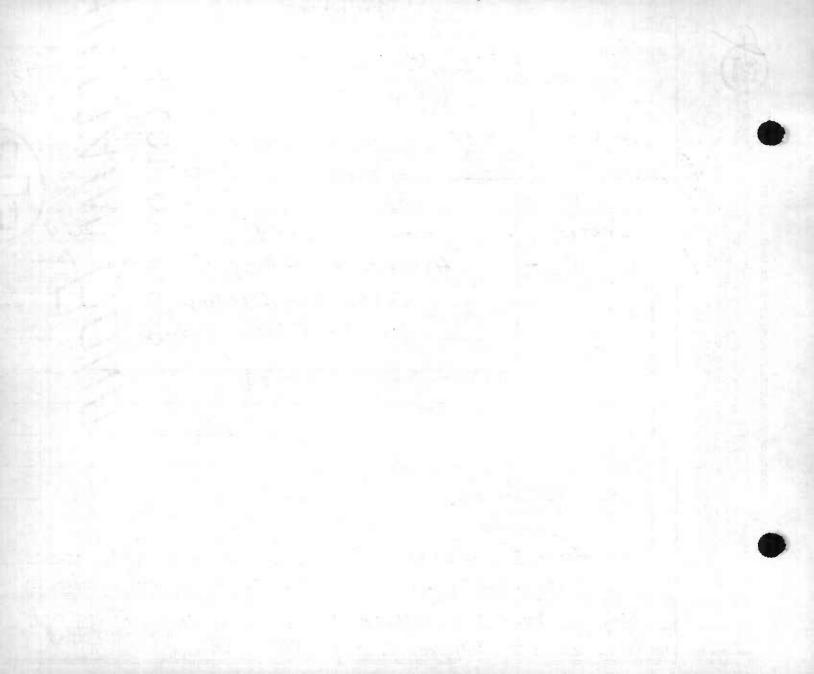
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78.7	SKA	2 01	F STATEOR	W	6 18		7] YRS.			DEAD	11-2	1983	N N N
1	SER VS		RTHPLACE (STATE OR REIGN COUNTRY)		76. CITIZEN OF W	HAI COUNTRY?	8. MAR	RIED NEVER M	ARRIED	BALTIMORE CIT	-	TY OF DEATH	
18		10.01	VA TY OR TOWN OF DE	AVII	USA	DITAL AUIDONA	WIDO		ORCED 🗆	Harford		Trat white and	MD.
	IVI	IV. CI	IT OR TOWN OF DE	AIN	(IF NOT IN SUCH FA	CILITY, GIVE STREET	ADDRESS)	THER INSTITUTION	FOR MOS	OCCUPATION (STOFWORKING LIFE)	(TYPE OF WORK	12b. KIND OF BI OR INDUST	
100	Z B S V		arrettsvi L RESIDENCE (IF IN AL		4034 St	t. Clair	Bridge	Rd.	Hou	sewife		Home	
21201 ANY AND 3	SHOULD SHOULD IN	13a. S	TATE	13b. COUN	ITY	13c. CITY OR		334 INSIDE CITY LIMIT	4	ADDRESS		21084	
5.21 F.A.	25 H	14 6 4	MD	Hari	ford	Jarrei	tsville			St. Clai	r Brid	ge Rd.	
DEATH.	LA TA		THER'S NAME	222	MIDDLE	LAST		15. MOTHER'S M		MIDDLE	~~	LAST	
2 2 2 S	A SOL		aitland VAS DECEASED EVER		nest	Mayhe	ECURITY NO.	Leti 17 INFORMANT	Ltla	ADDR		over	
BALTIMORE, MD. 21201 S AFTER DEATH. F ANY GIVE PAGES 1, 2, AND	WITH FORM PM 3. W. PAGES 1 AND 2.SH DIVISION OF VITAL	(YE	5, NO, OR UNKNOWN)		WAR OR DATES)				* 36 30T				7
	PAC		No			-	70-866	5 Mary C	. McNu	Tty	Jarre		le, Mo
ON ST., E. 24 HOURS ITEM 18. G	ο <u>×</u> π		18 CAUSE OF DEA PART I DEATH V	TH (Enter on VAS CAUSEI	ily one cause per line D BY:		A	DOU 1	1 - +	×		APPROXIMAT BETWEEN ONSE	E INTERVAL
ON ON	SER PER		HILLE	IMMEDIA'	TE CAUSE (a)	AS A CONSEQ	ORUN	17127 17	Tely 1	DILea	1-0		
WITHIN NCIL IN	EMC ENC		Canditians, if	any, which	DOE 10, OK	AS A CONSEQ	DEIACE OF	ASC	110			HAT A	
W. FIN	A TANK		gave rise to couse (a) stating			AS A CONSEQ	IENICE OF	1130	0 1)				
201 V	N. MER		lying cause last		1	AS A CONSEQ	DENCE OF						
RDS, 201 V EXECUTED NG" IN PE	ATION ATION		PART 2 OTHER SIGNIFICAL	ZNOITIGNO TH	CONTRIBUTING TO DEATH	BIRT MAT BELATER TO	THE TERMINAL DICE	ACT DR CONDITION CIVEN	IN BORT 1				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUF RITING THE WORD "PENDING" IN PENCIL IN 11EM 18.	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO			CONTRIBUTION TO BEATT	POT HOT RELATED IT	THE TERMINAL DISE.	ASE DE CONDITION GIVEN	IM PAKI I G .				
	L'AEAM	CERTIFICATION	19a DATE OF OPER	ATION	19b. CONDI	TION FOR WHIC	H OPERATION	WAS PERFORMED?				20 AUTOPSY	?
F VITAL RE	A PROPERTY	IFIC										YES 🗆	NO X
OF V	O B I	CERT	210. EXTERNAL CAL		21b. TIME OF		21c.	HOW INJURY OCCU	JRRED (ENTERNATI	JRE OF INJURY IN ITEM	A 18 PART 1 OR PAI		110 00
FICA	DO TENTA		UNDERLYING CONTRIBUTING	OR CAUSE OF I		. MONTH DA'	YEAR						
IVISION OF CERTIFICATE	3 SH SEPA PRIC	MEDICAL	21d. INJURY OCCUR	RED	21e PLACE	OF INJURY (AT		OCATION STREET		25.7			
DIV.	ARD SOLUTION 1201	×	AT WORK AT V	WHILE C] SIREEI, FAC	IORY, FARM, ETC.)		STREET	C	ITY OR TOWN	COL	UNIY	STATE
中で	RW.		22a Least by that	I took shore	ge of the remains des	cribad abova &	eld an Auto		ection XX		4.5		
EXAMINER:	PATEN		death resulted fran		ral causes X	Accident	Suicide	Homicide		Inquiry	ond in my op	inian	
38	IREC VITT		deom resoned trai	1	rui cuoses (22)	Action	, Suicide L	TITLE (SPECIF)		inea monner	٦,		
30	W. F.		ACTUAL SIGNATURE	rus	8/2	uy	-	M.DDeputy		L EXAMINER	DATE SIGNE	11-2-	-83
MEDICAL CUTE THE	R A A A							M.D.Z.E.G.	MEDICA	LEXAMINER	SIGNE	D	0.5
S WE	FE FE		EXAMINER'S NAME (TYPE OR PRINT)	Luis	E. Renie	1. M.D.		_ADDRESS464_	Alliance	St. Ha	vre De	Grace.	MD
22	A DE A	23a. Bl	JRIAL, CREMATION,	REMOVAL 2			OF CEMETERY	OR CREMATORY	23d. LOCA	TION			
BP.		(S	Buria	1	11/5/198	B3 Bel	Air Me	em. Gard	lens Be		Harf		TATE
	IMH - 17	24. FL	NERAL DIRECTOR		ADDRESS			25a. D/	ATE REC'D. BY RE	GISTRAR 256. RI			-
(VR A	15 ME (5))	Μ.	Gladden	Kur		retts	rille.	Md.	101 1	1983	John	2. Come	el
15	M 2/80	-							4				

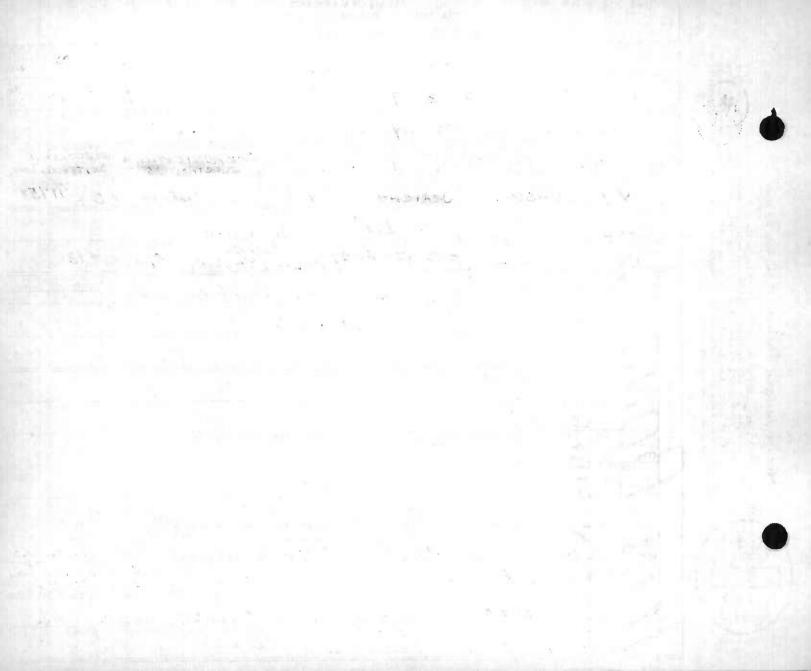


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0/	1-	FOR STATE REGISTRAR		N	EDICAL	MENT OF I		-				REG. NO			
	1. DE	CEASED NAME E OR PRINT)	FIRST	atherine	Rober	Roberto	Orem	or Or	.em	20	OF E	OWN X		DAY YEAR 1983	4 50
1000	3. SEX	4.	RACE KARA			W. MOLINICA	ARS IF UN		IF UNDER		c. DATE	0.7		DAY YEAR	71 HOUR
DIRECTOR SALES		F	W	10 2	6 16	67 YR		DAYS	HOURS	MIN: PI	RONOUNCE DEAD	D	11-1	1983	438
FUNERAL S FOR Y MITHIN M PRESTI		RTHPLACE (STATE	- lug	76. CITIZEN OF	S A	TRY?	8. MARRIE		VER MARRIE DIVORCE	ED 📙	BALTIMOR	_	rcounty ford	OF DEATH	MD.
Ha /	/	TY OR TOWN OF	DEATH		H FACILITY, GIVE				TION	FORMO	OUSEW	S LIFE)	OF WORK 12	OR INDUST	USINESS RY
Second Second	USUA 13a. S	L RESIDENCE (IF	13b. COUN Harf	OR OTHER INSTITUTION	I, GIVE RESIDENCE	OR TOWN	ON)	13d. INSIDE (I	ITY LIMITS?		T ADDRESS Mulbe	-	Lane 2	1040	
20	1	THER'S NAME FIRST LOG	. , ,	B.	t	TALL		~	ER'S MAIDE	NNAME	Ť.	.E	Bort	nerasi XXXXX	,
1	}6a. W	AS DECEASED E S, NO, OR UNKNOWN NO	VER IN U.S. ARA	MED FORCES? WAR OR DATES)	166.50	CIAL SECURITY	91-9	17. INFORA	Elsi	work		ADDRESS O	Leu	fai	lar
AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WAR BALTIMORE, MARYLAND, 21:201 PRIOR TO BURIAL, CREMATION, OR REMOVAL	NO	gave rise cause (o) ste lying couse	if any, which to immediate oting the <u>under-</u> last.	(b)	OR AS A COM	NSEQUENCE C	OF OF		24 vo	nic	(Ing. CO/I	+13	, .		
SIAL O	CERTIFICATION	19a. DATE OF O	PERATION	19b. CON	IDITION FOR	WHICH OPER	ATION W	AS PERFOR	MED?					20 AUTOPSY	
3	CAL CERTI	21a. EXTERNAL (UNDERLYING CONTRIBUTING	OR	HOUR	OF INJURY A.M. MONTH	DAY YEAR	21c. HC	W INJURY	OCCURRE	D (ENTER NA	ATURE OF INJURY	IN ITEM 18 P.	ART 1 OR PART 2	YES 🗆	NO 🗌
	MEDICAL	21d INJURY OCCUMHILE AT WORK			E OF INJURY FACTORY, FARM, I			TREET			CITY OR TOWN		COUNT	TY	STATE
RE, MARYLAND,	1	220. I certify to death resulted ACTUAL SIGNATURE		ge of the remoins ral causes x,	described abo		Autops	Homic	Inspection cide ,	Undeter	Inquiry Imined manner	er ,	DATE SIGNED	ion 11-2-	-83
TIMO				E. Renj			700					Havr	e De (Grace,	MD
-	24, FU	URIAL CREMATIC BULLAL JNERAL DIRECTO NAME	N C	ov. 4, 1	983 B	NAME OF CEA	lemor	ial G	arden.		L Air REGISTRAR		COUNTY OTHOR	1 1	inte
ME (5))	по	wara K.	MCComa	s III, Å	orngao	n, Ma.	2100	9	NUV 5	I 13	00				



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1,		GISTRAR		MED	ICAL EXAM	INER'S	ERTIFI	CATEO	F DEAT	H ,	REG. NO.		
	DECE/	SED NAME FI	RST		MIDDLE	^	LAST		20	DATE KNO	MN MONI	H DAY YEA	AR 2b. HQL
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1 5	SEX	M 1. RACE	MON		6. AGE ()	THDAY) MONTH		IF UNDER		DATE	MONTH		AR 28 HOL
9	01071			2 23	23 59	YRS.	DATS	HOURS		DEAD	и	7 191	3/
/0.	FOREIG	PLACE (STATE OR INCOUNTRY) FERMIN		Ge	AT COUNTRY?	8. MARRI WIDOW		VER MARRIE		HARF	OR I	NTY OF DEATH	1
10. T	Al	OR TOWN OF DEATH	11. N.	AME OF HOSE	ITAL, NURSING HO	ME, OR OTH	ER INSTITU	FOTAL	Com	nunter	TION A	erecure	esterie
U5	UALR	ESIDENCE (IF IN NURSING)	OME OR OTHER	INSTITUTION, GIV			<u>- 110</u>	J-1111		BETROW	ics	SWATCH	ING INC
L	STAT		PASSI	AU	JERICE		YES Y	NO 🗆	13e. STREE	Head	puoo	DAT	117537
PR.	FATH	ER'S NAME FIRST	MIDDL	E	Do-u	livi	15. MOTH	ER'S MAIDE		MIDDLE		LAST	
160	. WAS	DECEASED EVER IN U.S	S. ARMED FO	ORCES?	16b. SOCIAL SECU		17. INFOR	MANT (L)	NOU	AC	DRESS		
	(YES, N	O, OR UNKNOWN) (IF YES	S, GIVE WAR OR I	DATES)	057-32	- 602	7,00	LIAN	PAU	LINI	SAMEI	45#13	
	18	CAUSE OF DEATH (Ent	ter anly one o	ouse per line f								APPROXIA	MATE INTERVAL
			EDIATE CAU	1-1		BOR	JA K	9 14	eart	Dile	OSC		
Н		Conditions, if any, v		DUE TO, OR I	AS A CONSEQUEN		50	u D				TA B	
L	Н	gove rise to imme cause (a) stating the u		(b)	S A CONSEQUENC		50						
ı		lying cause lost.	_ /		13 A CO113EO0E111	L Or							
		RT 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBL	JTING TO DEATH BI	IT NOT RELATED TO THE T	ERMINAL OISEASE	OR CONDITIO	N GIVEN IN PART	T 1 (a).				
CERTIEICATION											Tell		
A C	5 19	DATE OF OPERATION		196. CONDITI	ON FOR WHICH O	PERATION W	AS PERFOR	MED?				20. AUTOP	SY?
I	21	EXTERNAL CAUSE WA	\ C	21b. TIME OF	LUIDY	701 110						YES [NO
		DERLYING OR			MONTH DAY Y	AR 716. HC	OW INJURY	OCCURRED	(ENTER NAT	URE OF INJURY IN	ITEM 18 PART 1 OR I	'ART 2)	
MEDICAL	210	INTURY OCCURRED		21e PLACE O	FINJURY (ATHOME		CATION						
2	A	HILE NOT WHILE		SINCET, FACTO	RY, FARM, ETC.)	S	TREET			TTY OR TOWN	C	OUNTY	STATE
		22a I certify that I taak		remains desc	ibed abave, held o	Autops	у 🔲,	Inspection	4	Inquiry .	and in my	apinian	
	d		Natural caus	12.00	Accident ,	Suicide .	Hamie			nined monner			
	1	TUAL P	- (0/	1	1	TITLE (S	PECIFY)			30 14		
1		SNATURE MU	17 (1	enge	M.	D. De	ruly	MEDICA	AL EXAMINER	DATI	VED 11-	7 - 8-
	EX (TY	AMINER'S NAME L	,015	E. R	enjel	/	ADDRESS_	46 Y	allia	unce .	18 Ha	ure a	7 Su
230	BURI.	AL, CREMATION, REMOV			23c. NAME OF	EMETERY OF	RCREMATO	^	23d. LOC	ATION		UNTY	STATE
2	CI	EMATION		10/83	WASHIN	GTON 1			CORA	m.L.I.	NA 55	AU I	N.Y.
24.		RAL DIRECTOR E. BA	RNES	ADDRESS	2	8101		250. DATE RE	EC'D. BY RE	GISTRAR 25	. REGISTRAR'S	SIGNATURE,	11
		FLEMING FI	NERA	LSEKVIE	E BEN	SON,M	D.	140	A T	1901	Oran	-On war	mugh



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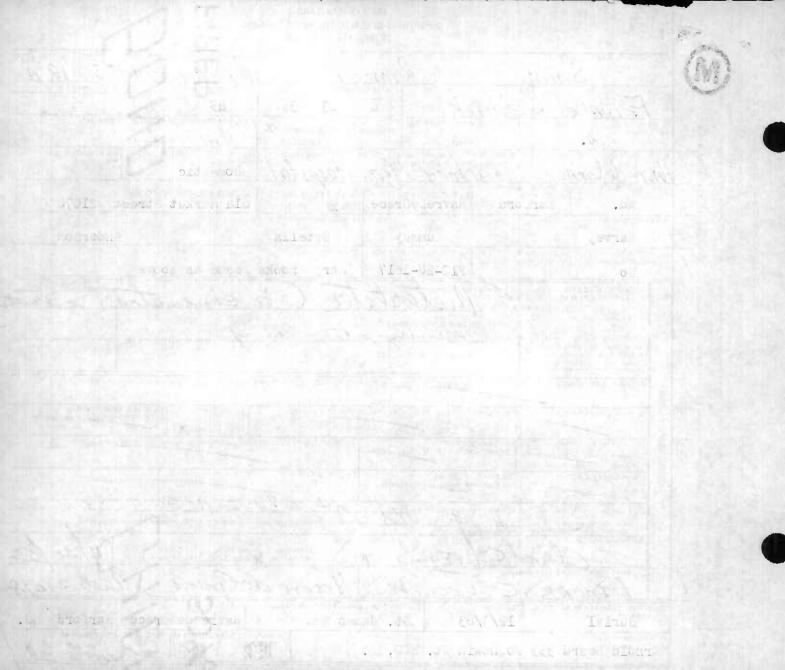
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	May MV F	1. DEC	EASED NAME OR PRINT)	Clare	nce	B.		Pr	ingle	Jr		OF ES	WN X MC	/12/839	Zb. HOUR
	A COLOR	3. SEX	М	4. RACE B	5. DATE OF BIRTH	57	6 AGE (IN YEAR LAST HITTHING	RS IF UN	DER 1 YR.	IF UNDER 2		DATE ONOUNCED DEAD	MO	/13/83+9	6:59 P M
	M	5	RTHPLACE (ST REIGN COUNTRY)	Md.	76. CITIZEN OF WE	SA		WIDOW	ED 🗆	VER MARRIE DIVORCE		Harfo	rd Cou		MD.
	PAGE S PRIED	Fa	allston	/	11. NAME OF HOS {IF NOT IN SUCH FAIT Fallstor	Gene	eral Ho	spit		TION		OCCUPATION OCTAV		OR INDIES	USINESS TRY
0. 21201	RETAIN BESTAIN	13a S	Md.	Bal	TY	13c. CITY	OR TOWN		13d INSIDE CI YES	NO 🗌	202	Duke	of K	030#103 ent Lane	1.1.11
ORE, M	DEATH.	1	THER'S NAME		B.	Pri	ngle	Sr.	F	er's maiden Berni		MIDDLE	DDRESS	Broy	/n
BALTIM	JRS AFTER DE B. GIVE PAGES WITH FORM I T. PAGES DIVISION I	(A	NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	218-	70-92			ice	Prin		S/A	APPROXIMA	TE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	UTED WITHIN 24 HOW IN PENCIL IN ITEM 11 EXAMINER ALONG STAL TERMIT FERMIT D MENTAL HYGIENE, ON, OR REMOVAL	>	Canditian gove ris couse (a) lying cou	ATH WAS CAUSED IMMEDIAT Is, if ony, which e to immediate stating the under- se lost.	DUE TO, OR (b) DUE TO, OR (c)	Mu 1 fas a con	tiple I SEQUENCE O SEQUENCE O	F						BETWEEN ONS	ET AND DEATH
RECORDS	PENDING" PENDING" PENDING" PENDING" PENDING" PENDING" PENDING" PENDING"	ATION	PART 2 OTHER SIG		CONTRIBUTING TO DEATH I	7/1	VHICH OPERA				T I to		100	20 AUTOPS	(?
F VITAL	WORD "PE HE CHIEF A BE USED HE ENT OF HE BURIAL, O	CERTIFICATION		L CAUSE WAS	21b. TIME OF	INJURY		21c HC)W INJURY	OCCURRED) (ENTER NA	TURE OF INJURY IF	NITEM 18 PART 1	YES X	NO []
DIVISION O	WRITING THE WARDED TO THE WARDED TO THE AGE 3 SHOULD THE TENE TO THE STATE OF THE S	MEDICALO	UNDERLYING CONTRIBUTION 21d. INJURY CO WHILE AT WORK	OCCURRED	21e PLACE C	OF INJURY ORY, FARM, EI	/12/83 (AT HOME,	211 LOC	TREET			to imp	act	county Harford,	STATE Md .
•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BI EXECUTE THE CERTIFICATE, WRITING THE WORD "PENI PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEAL BALTIMORE, MARNAAND: 21201 PRIQR TO BURIAL, CR		22a. I certif death resulte ACTUAL SIGNATURE		bowo	ribed obo	ve, held on	Autops	Hamic	SPECIFY)	Undeterr	Inquiry Inned monner		ny apinian ATE IGNED 11/14	/83
	EXECUTE PAGE 4 TO FUNI AFTER DI BALTIMO	730 B	EXAMINER'S (TYPE OR PRIN	TION REMOVAL 12	omas D. Sn		M.D.		ADDRESS_		123d LOC	ATION		Md. 2120	
	BP DHMH - 17 (VR A15 ME (51)	24. F	PECIFY) Bu INERAL DIREC	rial	11/17/83	St	.Jame	s Me	eth.C	Ch Ce	n Ja	rrets		R'S SIGNATURE	id.
	20M 4/B2		ma tina.	H-HOTIT	S EM I/C	1 110	, Julie	- N	•						

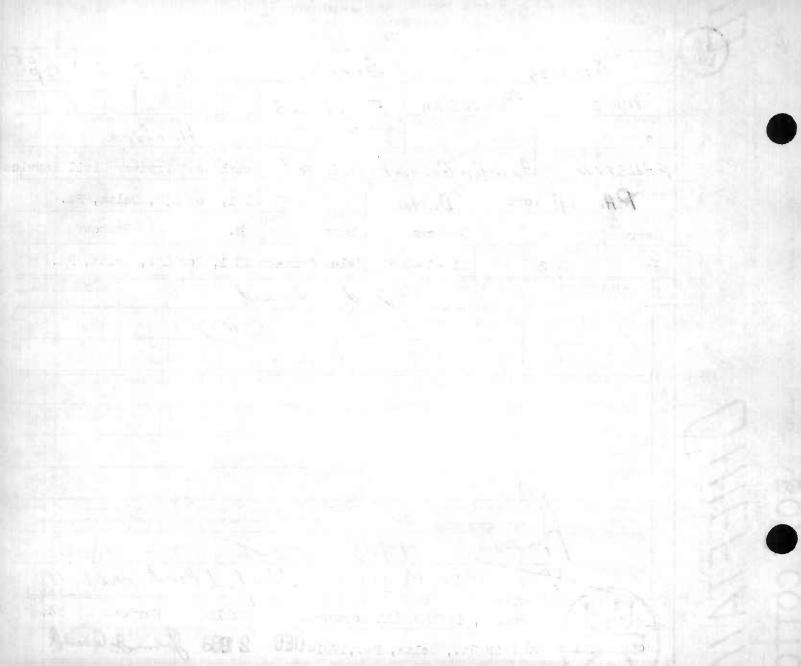
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

24		REGISTRAR				CERTIF	ICATE OF	DEATH		REG. N	O.			
N		CEASED NAME	FIRST	A	AIDDLE	1	AST	11 8 11	20 DATE OF			DAY YEAR	2b. HO	UR30
П	(117)	5	ArAF	7	Y	Kums	199		Norg	nber	30 1	983	1/2	AM
	1 SEX	~	4	RACE		5. DATE C	YEAR	6 AGE (IN)	EARS LAST BIR	IF UNDER TYEAR	# UNDE	R 24 HRS		
	1	remale	2	BIA	cK	MONTH	13	34	45		YRS			
1		RTHPLACE (STATE ORI	FOREIGN 71		WHAT COUNTRY	r? 8 MARRIE	D NEVER	MARRIED 🖾	9 BALTIMO	RE CITY O	R COUNTY	OF DEATH		
2		Md.			USA	NORCED [HArtord							
6	Hai	ry or town of per	ace.	(IF NOT IN SUC	HOSPITAL, NURS	ortal			JON OF WORKING LIF	12b. KIND (INDUSTRY		IESS OK		
25	13a. S	I RESIDENCE (IF NURS TATE Md.	NG HOME OF THE T	Υ	GIVE RESIDENCE BEFO 13c CITY OR TO Havre De	WN	13d. INSIDE	CITY LIMITS?	13e STREET		zip cobe t Stre		078	
21	I4 FA	THER'S NAME Harvey	MI	DDLE	Rums	sey		'S MAIDEN NAM	ME	MIDDLE		Ander		
7		AS DECEASED EVER			16b SOCIAL SE	CURITY NO.	17 INFORM			ADDRE	ESS			
	(1)	ES. NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	212-28-	1617	Mary	Brooks	same	as a	above			
ä		18 CAUSE OF DEATH W	AS CAUSED	CAUSE (a)	RAS A CONSEO	asta	tie	(G	ve.	non	rato	Acs >	I ONSET AN) SUETE
	10	Conditions, if ony		((b)_	prin	ry	ute	- Ceri	out					
	W.	gave rise to imi	ng the	DUE TO, OF	R AS A CONSEO	UENCE OF						100		
		underlying cause		((c)										
	NO	PART 2 OTHER SIGI	VIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	O DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEAS	E OR CON	DITION GIV	'EN IN PART 1	a	
2	IFICAT	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHIC	ORMED	20a AUTO	OPSY?	20b. IF YES	YING CAUSE	INGS USE	HH?		
	CERT	210. ACCIDENT WAS UNI	DERLYING	21b. TIME O	F INJURY		21E HOW I	NJURY OCCURR					140 [
1	AL	OR CONTRIBUTING		HOUR A.	M. MONTH	DAY YEAR								
	MEDIC	21d. INJURY OCCUR		21e. PLACE	OF INJURY	100000	211 LOCAT			City Of IC		- COUNTY		STATE
- 0	×	WHILE NOTING	PRK	(AT HOME, STR	EET FACTORY OFFIC	ETARM, ETC)	SIKE	-				ne	and the same of the same of	21.010
		22a.l certify that (I)	(this haspita	il) attended the	e desegsed from	golf:	- 24	. 19 63		11-	10	19 33	, that (1)	(we) last
Ч	31	saw the deceas above, (1) (well)	ed alive an_	view the bady	olfer death.	03,0	nd that in (my) (aur) apinian d	death occurre	ed on the d	ate and hou	er and from the	capses s	toted
		22b. SIGNATURE	A. T.	fol	(DEGREE	ATTENDING .	MEDICAL			226. DATI	SIGNED	bs
1	0	22d. PHYSICIAN'S N	AME LTYPE OR	PRINT	Cetim	2 1	22e ADDRE	PHYSICIAN SS	DIRECTOR	☐ PHYSIC	CIAN	11/	1	/0/>
1		FDW	ARD	0.1	-00/	Mid	Ha	ure a	leGr	aec	2	and	21	078
	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE				CREMATORY		ORTOWN	Cannon	Harf	ond	STATE
21	-	DUTIAL INERAL DIRECTOR		12/3/8	7)	Su. Ja	mes AM		Havr		Grace	RAR'S SIGNA		Ma.
		rnoTd Bear	d 353	Founta:	in St.	IDG, MD.		DE	C 1	1988	Carlo San		age de la	4

DHMH - 16 50M 4/83 (VRA 15, 4)





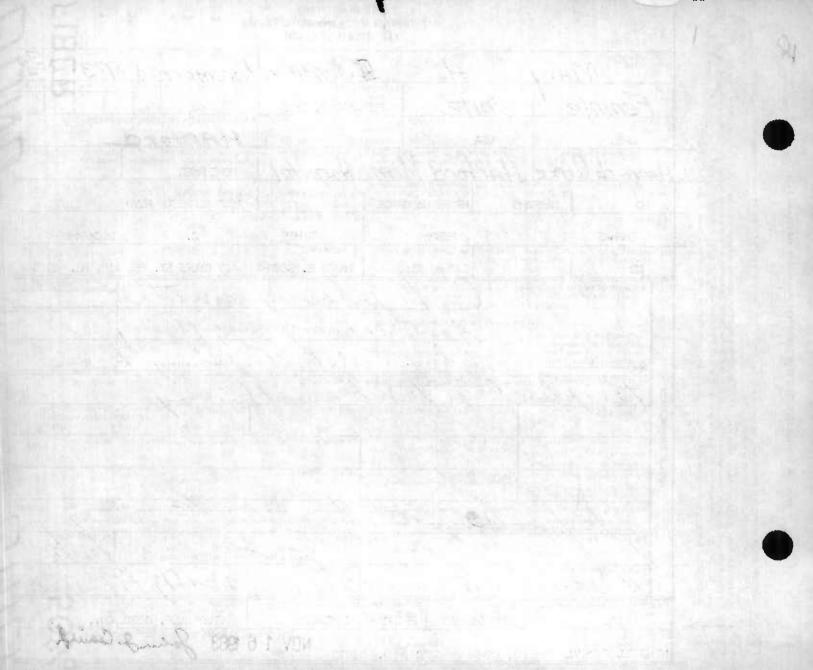
. , /	li.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH STATE OF MARYLAND 3 0 4 0 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
o p 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 20. HOUR
may be page 3 fer death	3. SE	
Poge 4 director, hours offe		17 D 7 22 1892 91 YRS.
death. Pourerol dir		RTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? B. MARRIED WIDOWED DINORCED D
after d offer d edwith		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOLISTON GEORGIA HOSPITAL PARTIER 120. USUAL OCCUPATION (1796 OF WORK FOR MOST OF WORKING LIFE) INDUSTRY FOLISTON GEORGIA HOSPITAL FARMER
hours hours din by die file		L RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE 136. COUNTY 137. CITY OR TOYON 138. INSIDECITY LIMITS? 138. STREET ADDRESS
rtland 24 harithin 24 harithin 24 harithin 24 harithin 25 should be 2 should be a should b		Md. HARFORD MONKTON YES B NO 1774D TROYER Rd.
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DHMH - 16	50M 4/83	24 F	UNERAL DIRECTOR		AF	DRESS		TE REC'D BY PEGIST AR 256 RI	GIS OAR MICHAUR	K
(VRA 1	5, 4)	MI	TCHELL FUNERAL	HOME P			21078 NUV 1	0 200		



10	1	FOR STATE	DEPART	STATE OF MARYLAND MENT A HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 3 0 A	U O
4 75		REGISTRAR CEASED NAME FRST E OR PRINT) E/LEEA) FRANCIS	LAST	REG. NO.	DAY YEAR 26. HOUR 5
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MAS		MTHPLACE (STATE OR FOREIGN COUNTRY) MD.	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNT HAR FORD	COUNTY
The state of the s	10 °C	9LLSTON	JIF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION TAGORESS)	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS (
tilled in could be	13o.	STATE 13b COUP	ROTHER INSTITUTION GIVE RESIDENCE BEFORM 13c. CITY OR TOV AFORD FOUR	VN 113d INSIDE CITY LIMITS?	130. STREET ADDRESS	57.
ed within	(4) E.	HARRY	MIDOLE LAST	15. MOTHER'S MAIDEN NO ELIZABET	AME . MIDDLE ZANZEN	LAST
Page /		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SEC VE WAR OR OATES) 217-22.		ADDRESS HORTT JR	4541 SCHENZEY
quires that the death certificating signed by the ottending phy hen please remove cortompol to burial, cremation, or removing or other troumatic events.	Z	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c)	HENCE OF Cancer L	WINAL DISEASE OR CONDITION G	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
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OING PHYSIC or otherding I After this cert e os the buriol oith and Menta	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM ETC) 211. LOCATION STREET	CALONIONN	County STATE
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(VRA 15, 4)

STATE OF MARYLAND

Burial Dec. 2.1903 Ichion Park Cometer William Hd.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) Anna Violet. Sites 1983 Nov. 16 2:40A . 3. SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH HOURS 1901 Female White Aug. In BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 11.5.A. Pa. Harford WIDOWED DIVORCED [IA CITY OF TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Havre de Grace erford Memorial Hospital Housewife DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Own Home USUAL RESIDENCE (IF NURSING HOMEOR OTH RINSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 138, STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Cécil R.F.D. Liberty Grove Rd. Md. Сопоыі поо 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Rauch Rolman Charles Eva 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO ADDRESS 17. INFORMANT Newfield (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 207-34-7024 Eugene Cohn R.D.#2 Box 179 Hardine Huv APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSECT underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REJATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 198 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOXX YES [NO [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. 🌊 , and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did not) view the body offer death 22b. SIGNATURE DEGREE 22r. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 226. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 84 Rising Sun, Md. Neil R. Taylor 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION Colora Cecil Burial 11-19-1983 West Nottingham Cem. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 ADDRESSRISING Sun, Md (VRA 15, 4)

Egish St. Julian Oracl at more EXCITE THE BOOK ON THE PLANT

(VRA 15, 4)

STATE OF MARYLAND

TED TO PROTECT OF THE Smean 1900 TOTAL SALES TO SEE THE SALES OF House of the Jack Server M.D. Hard Hill and Harrie Grave Media man Canadak Cara, 1639.

8	# ((NI)	1	FOR - STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.	
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	death. Po	ot onc		BIRTHPLACE ISTATE OR FOREIGN COUNTRY BOOKLYP NEW YORK	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED	- HAKLOKI	MD.
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MARY	scuted within	Duo l	0	FATHER'S NAME FIRST Gustay	MIDDLE STAT	15 MOTHER'S MAIDEN FIRST LENA	WIDDIE	HENRIKSON HENDRICKSON
TIMORE	be execu	s. Pages e medico	160	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (# YES	ARMED FORCES? GIVE WAR OR OATES) 086-14-		700 6,16	MOTOGRAPHICANA BETTWEEN CONSET AND DEATH BETTWEEN CONSET AND DEATH
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	BP_			BURIAL, CREMATION, REMOVE (SPECIFY)	Hov: 26,1983	231 NAME OF CEMETERY OR CREMATO CCATTA & FECCISCEMATO	my WEST CHESTER GO	Shen troosh + PENNA, 19380
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THE STATE OF THE SECOND STATES

24 hours ofter death. Page 4 may be reurs ofter dear

executed within

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

oftending physician

etoined by the hospital or TO FUNERAL DIRECTOR

BP.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR				CERTIF	CATE OF DEATH	RI	G. NO.		
1. DECEASED NAME	FIRST	N	AIDDLE	L.	AST	20 DATE OF DEA		DAY YEAR	26 HOUR,
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3 SEX	0	RACE	1	5. DATE C		6. AGE (IN YEARS L	ASI BIRTHDAY)	MONTHS DAYS	HOURS M
/ Male		Wh	rite.	May	6 19 20	63	YRS		
	OR FOREIGN 76	CITIZEN OF V	WHAT COUNTRY?	8.	N	9 BALTIMORE C		Y OF DEATH	,
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IN CITY OR TOWN OF		NAMEOFH	OCDITAL MINDEN	WIDOWE	D DIVORCED DIVORCED	12a USUAL OCC			1100
	~		H BACILITY, GIVE STREET		I I	(TYPE OF WORK FOR			OF BUSINESS
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in in	IND COUNT		13t. GITY OR TOW		13d INSIDE CITY LIMITS?	13e.STREET ADDI	11	- · · · · ·	///
A FATHER'S NAME	VUI	-	KISING	JUN	YES NO X	AME	Mounio	RIN RA	w 4
FIRST	MIDI	DLE	LAST				DDLE	LAS	T.
X Georg	8		Tacket	it	Mindy			Newso	
160 WAS DECEASED E			166 SOCIAL SECU	RITY NO.	17. INFORMANT	-	ADDRESS		
TYES, NO OR UNKNOWN	(IF YES, GIVE W	AR OR DATES)	404-16-8	1496	Virginia Ta	ckett (III)	fe) Samu	e as ahr	IVP
					our garried 10	01/000 (WI	TC/ Callin		
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couse (o), si	oting the	DUE TO, OR	AS A CONSEQUE	NCE OF					
underlying co	ouse last.	(c)						C. Miles	
PART 2-OTHER S	IGNIF CANT CON	ADITIONS CO	NINBUTING TO E	DEATH BUT	T RELATED TO THE JER	WINAL DISEASE OR	CONDITION GI	IVEN IN PART 114	1
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OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.N	M. MONTH DA	19					
(IF EITHER, NOTIFY)		21e. PLACE C		IA	211 LOCATION				
WHILE D NO	T WHILE		EET, FACTORY, OFFICE F.	ARM ETC)	STREET	CITY	ORTOWN	COUNTY	STATE
	WORK								
220 I certify tho	(I) (this hospital)	ottended the	deceased from	11-	19 83		18	. 19	that (1) (we)
	eased olive on	11-18	19 &	5, on	d that in (my) (our) opinion	death occurred on	the date and ho	our and from the	couses states
ve, (l) (w	e) (did) (did not) vi	ew the body o	otter deoth.		DEGREE			22. DATE	CICNED
1 X	7/15	12.10	0		ATTENDING	MEDICAL _	STAFF	120 DATE	10 A
VIVRGI	U-hUm	VI 1	nit.		PHYSICIAN	DIRECTOR P		AVOV.	18,8
179 PHYSICATE	NAME (TYPE OR PR	NT			22e. ADDRESS	\ 0	2.1	10	
SANVI	11/ 6	TM			BOX 8 //n	inn AUD	11/11/2	· do (7.	77.10 1
010119	00 ,	1			1000.011	IVII NIVE	. W VIVU	160	0011
23a. BURIAL, CREMATIC (SPECIFY)	N, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION		COUNTY	1078
Burial		11-22-	-1983 Ne	w Bri	dge Baptist	Colbra		Cecil	1
24 EUNERAL DIRECTO	200	1 /		_	250. DA	TE REC'D BY REGIS	TRAR 256 REGIS	TRAR'S OIGH AL	URE . I
I NAME DI	11 2mm	10.	ADDRESS	CIIn	INA NOV	V 2 3 198	3	my w	my

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

The Xillian series and the local second and the series of The state of the s with the past (attract the view of the past of the past of the past Dr. K. Lum of the said last, but pulmer rolls La Karta de La Santa Maria de la Carta

STATE OF MARYLAND

FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	o.		
ECEASED NAME	FIRST		MIDDLE	ι	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
YPE OR PRINT)	MILDRED	M	AGDALINE	TH	OMAS	NOVEMBE		, 1983	N
SEX	4.	RACE		S. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 HRS
Female		White		Aug.	30. 1929	54	YRS.		HOURS MIN.
ytheville		CITIZEN OF USA	WHAT COUNTRY?	MARRIEI WIDOWE	D X NEVER MARRIED DIVORCED	9. BALTIMORE CITY O Harford Co	_	TY OF DEATH	ME
orest Hil	e	1219 D	HOSPITAL, NURSING HEACILITY, GIVE STREET, LECT	ADDRESS)	or other institution uch Road	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housew	WORKING		OF BUSINESS OR
SUAL RESIDENCE (# STATE Laryland	Harfor	,	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Forest Hi		13d INSIDE CITY LIMITS? YES NO X	13. STREET ADDRESS 1219 Deer	Cree	k Church	h Road
FATHER'S NAME CLOYD	A ^D	lbert	Semon	es	IS. MOTHER'S MAIDEN NA FIRST Nannie	ME Lee		Saye	ers
WAS DECEASED E LYES, NO OR UNKNOWN NO			166 SOCIAL SECU 212-28-48		Charles B.Th	omas,1219 D	st H		
Conditions, if gove rise to cause (a), underlying c	immediate	DUE TO, O	R AS A CONSEQUE		on aking			6	Mondes
	SIGNIFICANT CO	NDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	OITION G	IVEN IN PART 10	0
190 DATE OF OP	ERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE FINDIN	
						YES NO		YES	NO 🗌
	CAUSE OF DEATH		FINJURY M. MONTH DA M.	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	Y IN ITEM II	8 PART I OR PART ?)	
21d. INJURY OC		21e PLACE			211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
saw the de above, (Lift)	ceased alive on (e) (did) (did not)	/	e deceased from	, or	nd that in (my) (our) opinion	, todeath occurred on the do	ote and h		that (I) (we) last couses stated
23h SIGNATUR	1/1/2	1	0		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE	SIGNED
22d. PHYSICIAN	S NAME (TYPE OR PE	RINT			22e ADDRESS			/	/

MPORTANT. IF I Charles B. Hatton, M.D. 230 BURIAL, CREMATION, REMOVAL 23b. DATE

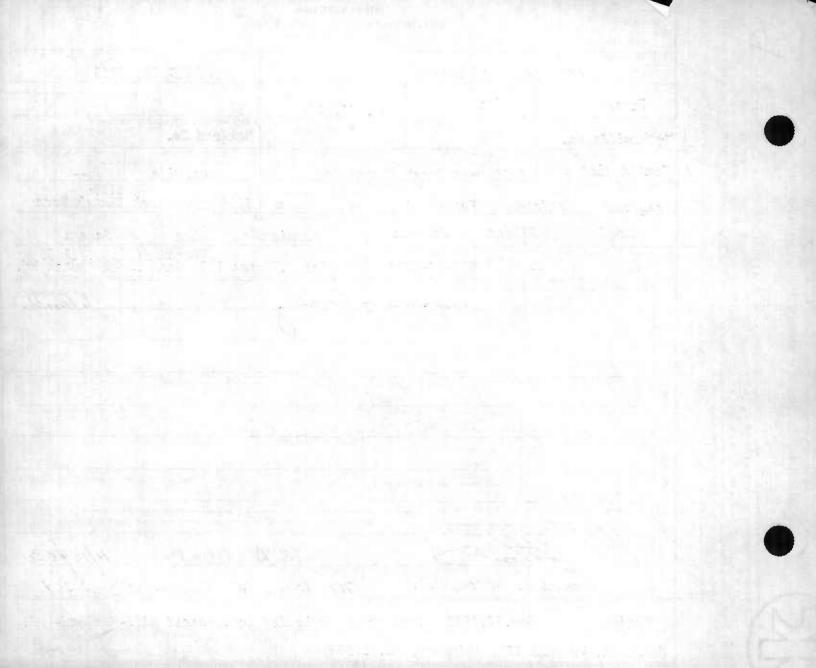
Burial Nov. 12, 1983 24 FUNERAL DIRECTOR Howard K. McComas III, Abingdon, Md. 21009

D. 7600 OSKR DR. 70050N MD 2120Y

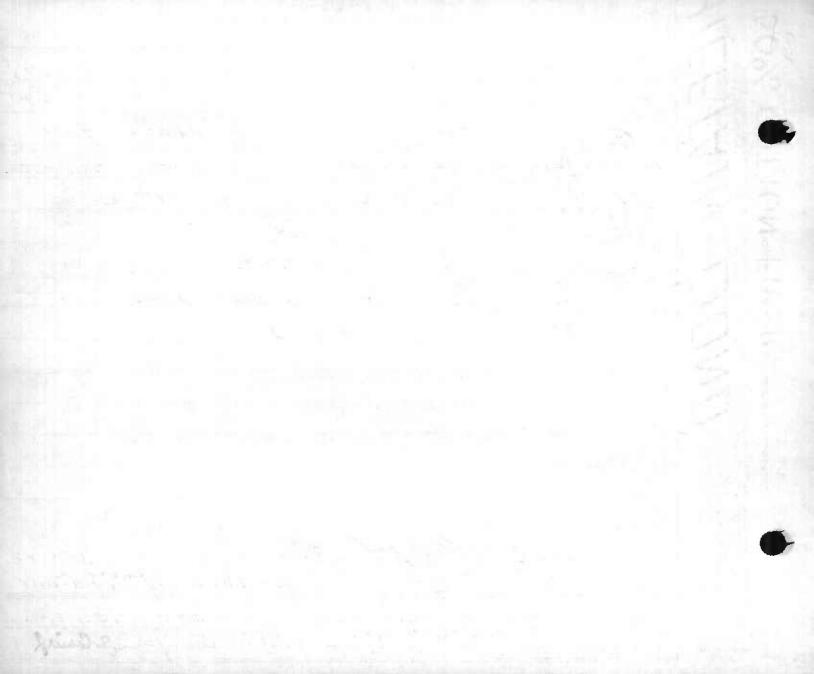
236 NAME OF CEMETERY OR CREMATORY

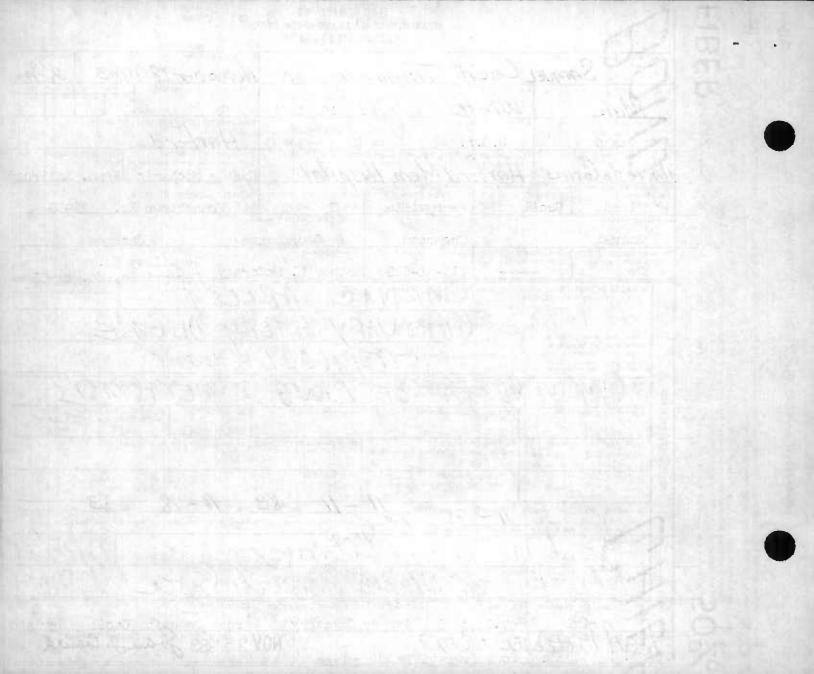
Peer Creek Methodist Cem., Forest Hill-Harford-Md.

DHMH - 16 50M 4/82 (VRA 15, 4)



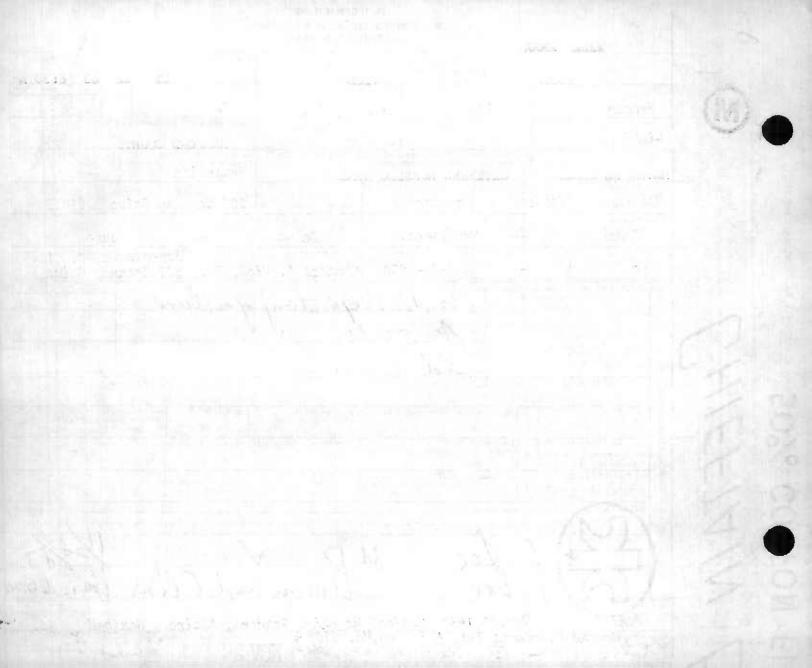
04	1-	FOR STATE REGISTRAR					ARYLAND AND MENTA CERTIFICATI		TH	A.,	1 100	
16 A 18 E		CEASED NAME	FIRST		MIDDLE Tizude	7	homps		REG 2a. DATE KNOWN OF ESTI- DEATH MATED		DAY YEA	26. HOUR
ON STREET	3. SE.	F	W	5. DATE OF BIRTH MONTH DAY 2 19	OU 8	GE (IN YEARS IF UN ST BIRTHDAY) MONT 3 YRS.		S MIN.	2c. DATE PRONOUNCED DEAD	MONTH	23 19 P	20 110 010
NECESS FUNERA S FOR WITHII	FC	IRTHPLACE (STATE COREIGN COUNTRY)		76. CITIZEN OF WE	A	WIDOW		ORCED	9. BALTIMORE CIT	ede	grac	e.
DELAY IS 3 TO THE IN PAGE 201	1	Laure de	e grafe	HARK	CILITY, GIVE STREET A	DDRESS) Perus	1	FOR A	JAL OCCUPATION AOST OF WORKING LIFE) T)—SECRETAR		TAYLOR	STRY
D. 21201 F ANY 3. RETA 3. RETA 5. SHOULD	13a S	Pa ATHER'S NAME	131 COUNT	Y	Prosper	OWN A	13d. INSIDE CITY LIMIT YES NO	0 7	EET ADDRESS /4	the Cu	1.7_190	99
MORE, M R DEATH AGES 1. RRM PM TAND V OFWIT	160. V	BRINTON WAS DECEASED BY	ER IN U.S. ARM	MIDDLE ED FORCES?	BROBST	ECURITY NO.	ALICE	AIDEN NAME	MIDDLE	ESS	LAST	
BALTIMORE REAFIRE DEA GIVE PROFES WITH FORM P E PAGES PAN DIVISION OF	(Y	NO NO (CAUSE OF DE	(IF YES, GIVE W	ar OR DATES) one couse per line	202-18	2-8662	DAVID F.	THOMPSON			AS #13e	ATE INTERVAL
201 W. PRESTON ST. UTED WITHIN 24 HOL IN PENCIL IN ITEM 18 EXAMINER ALONG I(AL. TRANSIT PERMIT) MENTAL HYGIENE, ON, OR REMOVAL.		Conditions, if	MAS CAUSED IMMEDIATE f any, which o immediate ing the under-	CAUSE (o)	AS A CONSEQU	CONS JENCE OF	NARY (CUS)	Hear.	1 DIV-ea	we.	BETWEEN ON	ISET AND DEATH
L RECORDS, 201 UID BE EXECUTE "PENDING" IN I FF AREDICAL EXA ED AS A BURIAL HEALTH AND M AL, CREMATION,	NOIL	PART 2 OTNER SIGNIFIC		INTRIBUTING TO DEATH		THE TERMINAL DISEASE		IN PART 1 (a).				
F VITAL RI TE SHOULD WORD. "PE TE CHIEF A S BE USED. S BORIAL,	CERTIFICATION	21a. EXTERNAL CA		21b. TIME OF				IRRED LENTER L	NATURE OF INJURY IN ITEA	A 18 PART I OR PA	20 AUTOPS	
DIVISION OF VITAL RECORDS, 201 W. IIS CERTIFICATE SHOULD BE EXECUTED W WRITING THE WORD "PENDING" IN PEN REDE TO THE CHIFF MEDICAL EXAMI GE 3 SHOULD BE USED AS A BURIAL - TR TE DEPARTMENT OF HEALTH AND MENIT 201 PRIOR TO BURIAL, CREMATION, OR	MEDICAL	UNDERLYING CONTRIBUTING CONTRIBUTING COUNTRIBUTING CO	CAUSE OF DE	ATH P.M.	DF INJURY (AT ORY, FARM, ETC.)	YEAR 19 HOME, 21f. LO	CATION		CITY OR TOWN		UNITY	STATE
TO MEDICAL EXAMNER: THE EXECUTE THE CERTIFICATE, WEAGE A SHOULD BE FORWA TO FUNERAL DIRECTOR: PACE PACE PACE PACE PACE PACE PACE PACE			ot I took charge	of the remains desi	Accident	Id on Autop Suicide	Homicide TITLE (SPECIFY	05	Inquiry , ermined monner CAL EXAMINER	ond in my or , DATE SIGNE		(-t)
TO MEDIC EXECUTE: PAGE 4 S TO FUNE BALTIMO!	73n A	EXAMINER'S NAM (TYPE OR PRINT)	241	ER	ENJEL	OF CEMETERY O	ADDRESS		CATION T	Havi	HU-Z	1078
999989		URIAL, CREMATION SPECIFY) BURIAL UNERAL DIRECTOR	30	ONOVEMBER83	ARLI	NGTON CEME		UPPE	R DARBY TOW	INSHIP, I	DELAWARE	PA.
DHMH - 17 (VR A15 ME (5)) 15M 2/80	-	VITCHELL FUN					78 NL	11 5 8	1983 251 7	and	2 Come	4



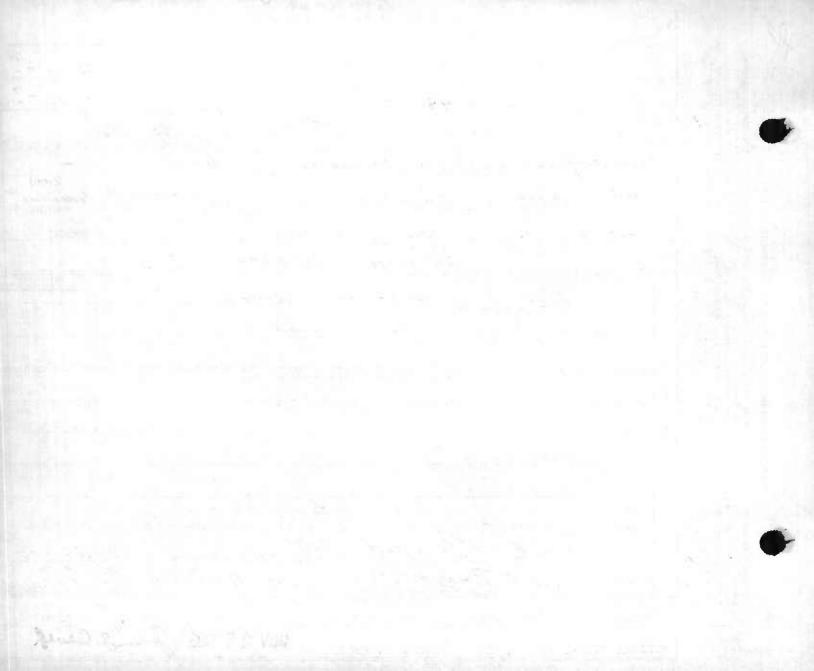


(VRA 15, 4)

STATE OF MARYLAND



08		FOR STATE				NT OF HEALT	MARYLAND H AND MENT		3041	17		
		REGISTRAR		WE			CERTIFICAT		REG. NO.			
1 Caller		CEASED NAME PE OR PRINT)	ANNA	M	MIDDLE 14E	- (10/2		ATE KNOWN OF ESTI-	11 2/19 8.	119	
M. PLEA URF FILE 72 HOU N STREE	3. SEX	F	RACE	5. DATE OF BIRTH	YEAR L		INDER 1 YR. IF UN	S MIN PROM	DATE NOUNCED DEAD	MONTH DAY YEA	2d. HOUR 6 9 M	
PEESTO PRESTO	7a Bi	RTHPLACE (STATE	OR	76 CITIZEN OF W		Ta.	RIED NEVER M	ARRIED 9. BA	HARE	COUNTY OF DEATH	MD.	
DELAY IS NOTHE TO THE T		TY OR TOWN OF	0	(# NOT IN SUCH FA	1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HARFORD HE MORIAL 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)							
21201 F ANY I AND 3 RETAIN RECOR		AL RESIDENCE (IF)	136 COUNT	ROTHER INSTITUTION, G	VE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITY LIMI YES NO	152 130 STREET A		Philodel,	1001 Shee Ro	
MA HH.	14. F/	ATHER'S NAME FIRST ALEXAND)ER	MIDDLE R.	LAST	JM	15. MOTHER'S M FIRST LEONA	AIDEN NAME	MIDDLE	OSBORNE		
BALTIMORE. S AFTER DEA GIVE PAGES ITH FORM P PAGES JAN MISSION OF		VAS DECEASED E ES, NO, OR UNKNOWN	VER IN U.S. ARA		16b. SOCIAL	0-1109	17 INFORMANT		ADDRESS AME AS # 13e			
ST., OUR 118. MIT.		18 CAUSE OF D	H WAS CAUSED	E CAUSE (a)	far (a), (b), and	pture		tomach		APPROXIMA BETWEEN ON	TE INTERVAL	
201 W. PR UTED WITH IN PENCIL EXAMINE REXAMINE RIAL-TRAN ON, OR RE		gave rise cause (a) sto lying cause		(c)	AS A CONSEO	UENCE OF	heynic					
WITAL RECORDS, SHOULD BE EXEC OND "PENDING" CHIEF MEDICAL. EUSED AS A BUI TO F HEALTH AN SURIAL, CREMATII.	CERTIFICATION	19a DATE OF OF	PERATION	19b. CONDI	TION FOR WHI	CH OPERATION	WAS PERFORMED?			20 AUTOPS		
WO BE ENT	CAL CERT	210 EXTERNAL C UNDERLYING CONTRIBUTING	OR		MONTH DA		HOW INJURY OCC	URRED LENTER NATUR	E OF INJURY IN ITEM 18 PAR		NO L	
DIVISION O THIS CERTIFICA WARRING THE WARRED TO TH PAGE 3 SHOULI 3TATE DEPARTM 21201 PRIOR TI	MEDICAL		OT WHILE CAT WORK	STREET, FAC	OF INJURY (A' TORY, FARM, ETC.)	номе, 211. L	OCATION STREET	СІТҮ	OR TOWN	COUNTY	STATE	
TO MEDICAL EXAMINER. T RECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		22a I certify to death resulted ACTUAL SIGNATURE		e of the remains de al causes Et.	Accident	eld an Auto	TITLE (SPECIF	Undetermin Y)MEDICAL	ed manner .	DATE 11-21	-+3	
TO MED EXECUTE PAGE 4 TO FUN	23 n B	EXAMINER'S NA (TYPE OR PRINT) URIAL, CREMATIC	1013	E RE	ENJEL 122 NAM	OF CEMETERY	ADDRESS_4		seed ST	grew Nu.	21074	
	(SPECIFY)						23d. LOCAT		COUNTY	STATE	
BP	24 5	BURIAL UNERAL DIRECTO		23NOVEMBER8) BA	KERS CEME	IERY ISSE	ABERDE		D, MARYLAN	NU .	
DHMH - 17 (VR A15 ME (5)) 15M 2/80	-	NAME		PA, HAVRE		, MD. 210	78	OV 2.8 19	83 Joan	I Come	4	
15M 2/80												



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STATE OF MARYLAND

DHMH-16 60M 1/73

(VR A 15 (4))

24. FUNERAL DIRECTOR

Aure de Grace

REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY

22c. DATE SIGNED

11/04/83

STATE

26 HOUR

HOUR5

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

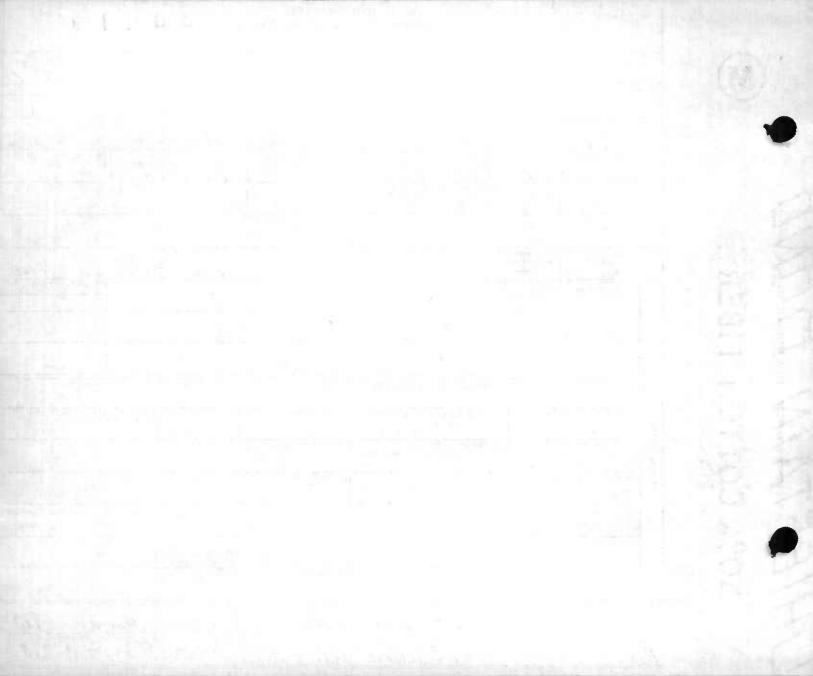
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IF UNDER I YEAR

AONTHS DAYS

INDUSTRY

Jones



Tarring Funeral Home, P.A., Aberdeen, MD, 21001-33990V

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND

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The Street				
			S. S. S. Santa	

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HTGIE
CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.							
		CEASED NAME OR PRINT) ANNE	-Anno	reba Wor	Weaver		MONTH DAY	YEAR 3	26. HOUR LP M	
		emale	4. RACE White	Apri	DAY YEAR	6. AGE (IN YEARS LAST BIRT	YRS.		HOURS MIN.	
	No	RTHPLACE (STATE OR FOREIGN COUNTRY) TY OR TOWN OF DEATH	USA	WIDOWE		9 BALTIMORE CITY O Harford	County		MD.	
1	1	Fallston	Fallst	HOSPITAL, NURSING HOME O H FACILITY GIVE STREET ADDRESS) CON GENERAL HOS	spital	120 USUAL OCCUPATH (TYPE OF WORK FOR MOST O Housewife	F WORKING LIFE) IN	DUSTRY	F BUSINESS OR	
3	13a. S Mo	ryland Har		GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN BEL ALL	136 INSIDE CITY LIMITS?	130. STREET ADDRESS 2227 Old	Emmorton	Road	1 21014	
6			eeland	Parsons	15. MOTHER'S MAIDEN NA/ Ruth	WIDDLE		lack		
		VAS DECEASED EVER IN U.S. A res. no or unknown) { IF yes. (NO	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 217-52-6423	17. INFORMANT Edwin O.Weave	er, 715 Old				
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)						APPROXIM BETWEEN O	MATE INTERVAL	
		Canditions, if any, which gave rise to immediate	DUE TO, OI	R AS A CONSEQUENCE OF	er TRAO	INFEC	770~			
		couse (a), stating the underlying couse last	10/	RAS A CONSEQUENCE OF		PINEM				
	TION	PART 2 OTHER SIGNIFICAN	HYDR	HTTON BUT						
1	CERTIFICATION	19a. DATE OF OPERATION		TION FOR WHICH OPERATION		200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES		
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF L (IF EITHER NOTIFY MEDICAL EXAMIN	BEATH HOUR A.	M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OF	PART 2)		
	MEDICAL	WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE, FARM, ETC)	21f LOCATION STREET	CITY OR FO		YIMUC	STATE	
i		22a.1 certify that (1) (this how saw the deceased alive above, (1) (me) (did)	pital) attended the	e deceased from	d that in (my) (out) apinion (death accurred on the do	ite and hour and	fram the c	that (I) (wo) last couses stated	
		22h SGRATURE	Nown	housed !	PA - A	MEDICAL STAF		II. DAIL	SIGNED	

23a. BURIAL, CREMATION, REMOVAL Burial BP. 24 FUNERAL DIRECTOR

DHMH - 16 50M 4/B2 Howard K. McComas III, Abingdon, Md. 21009 (VRA 15, 4)

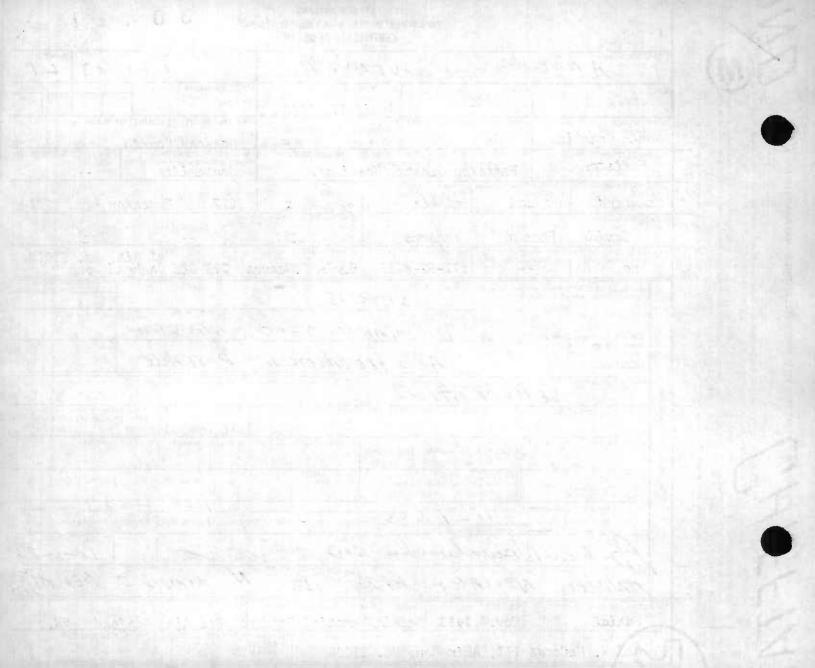
23b. DATE

234. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d. LOCATION
CITY OF TOWN
S. Bel Air

BelAir Memorial Gardens, Bel Air Harford Ma 250. Date REC'D. By REGISTRAR'S SIGNATURE NOV 4 1983



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				STATE OF MARYLAND	278	
. U	1.	FOR STATE	DEP	ARTMENT OF HEALTH AND MENTAL HYC	0 0	4 2 3
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
age 3		CEASED NAME FIRST OR PRINT)	THOMAS	Wollow	20. DATE OF DEATH MONTH	06 83 8:21 AM
may br	3. SE		I. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
rector urs off		MALE	CAUC.	12 25 OO	82 YR	
th. Po		RTHPLACE (STATE OR FOREIGN 7	L CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY HARFORD	
9 1	1.5		I NAME OF HOSPITAL N	WIDOWED DIVORCED URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
in the second se	HA	URE DE GRACE	HARFURD	STREE MORIAL	(TYPE OF WORK FOR MOST OF WORK IN (RET) SALESMANAGE	GLIFE) INDUSTRY CLAA A
ND 213	13a S	AL RESIDENCE (# NURSING HOME OR C	IY 13r. CITY OF		136 STREET ADDRESS / ZIP CO	DOE 20.21078
etely f	14. F/	ATHER'S NAME		IS. MOTHER'S MAIDEN NA	ME 0	THE 19D.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND ING PHYSICIAN: The low requires that the death certificate be executed within 24 ratending physician. When this certificate has been signed by the attending physician and completely filling the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shault than and Mental Hygiene prior to burial, cremation, or removal. orked ar Item 18 shows any injury, or other traumatic event, the medical examiner managed and the statement of		JOSEPH	WOL.	LON JUSTINA	MIDDLE	LAST
In d co		VAS DECEASED EVER IN U.S. ARN	MED FORCES? 166 SOCIAL	SECURITY NO. 17. INFORMANT	ADDRESS	
In and c		YES YES	WAROR DATES) 579-3	4-214 MRS. CAROLYN C.	WOLLON SAME A	
st., BAL1 rifficate physicic anpapers emaval. event, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line for 191.	ond (C)	MAC	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ertific entific bono remo		IMMEDIATE		DIO PULMONANY F	1/400)	nr.
death a death a death a death a de carlifian, ar aumanic		4/00	DUE TO, OR AS A CON	SEQUENCE OF DIAGE	RAL MT	Im.
e de artimove nation trau		Conditions, if any, which gave rise to immediate	(b) AW	ME BILLIAME	10101111	
in W. PRESTON of the death ce by the attending ase remaye carb. I, cremation, or rather traumatic.		cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	EAR CORONARY	ARTEMY DID	SADE YEAR
ned the pleo		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION	GIVEN IN PART Tro
RDS, 2	ON O					
law rale of the same of the sa	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
The cion.	F				YES NOT	YES NO
DIVISION OF VITAL R DING PHYSICIAN: The I or ottending physicion. After this certificate has se as the burial-transit pe calth and Mental Hygiene marked or Item 18 shows	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
SION OF VI	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY	19 ZII LOCATION		
PHYSIC The burice and Men	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, C		CITY OR TOWN	COUNTY STATE
DIVIG or off or off se os the		22a.1 certify that (I) (this haspite	al) attended the deceased i	5 10 8	3 116	that (I) (we) last
Z- Z-z z		sow the need alive on_	1116	V 1	death occurred on the date and	
		22h. SIGNA (JRL	view the body after death.	DEGREE		22c DATI HIGHID
		1 xmm	C- MM	M ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/6/89
TO HOSPITAL TO FUNERAL should be det with the Store		BARRY	A. WO	HL 1315, UMC	W AVENUE	HAVE de Graco, n
7 € ~ × × ×	23a. l	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		CREMATION	7NOVEMBER83	CRATIN AND FERRIS	WEST CHESTER,	PA.
DHMH - 16 50M 4/83		UNERAL DIRECTOR	DO HOUSE ADD	RESS ALO	TE REC'D. BY REGISTRAR 256. REC	SISTRAR'S SIGNATURE
(VRA 15, 4)	IAIT	TCHELL FUNERAL HOME	PA, HAVRE de GF	RACE, MD. 21078	A. 1 1000 (1)	

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STATE OF MARYLAND

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